

Westfield Contributory Health Scheme Limited
Solvency and Financial Condition Report
for the year ended 31 March 2020

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Summary

About Westfield Health

Westfield Contributory Health Scheme Limited (“Westfield Health”) is a not for profit health insurance company formed over **a century ago with the vision of improving people’s health and wellbeing**. By helping people to access and pay for health treatment and through charitable donations, Westfield Health supports the NHS and medically related charities to help its customers and the community to a healthier life.

Westfield Health is dedicated to making a healthy difference to the quality of life of their customers and the communities in which they live and work. **Westfield Health’s mission is to inspire and empower people to be the best that they can be, to deliver evidence-based health and wellbeing solutions that support people, communities and workplaces to be healthier.**

Westfield Health is the parent company of **the Westfield Group (the “Group”)** which encompasses a number of companies that operate in the health and wellbeing market.

About Westfield Health’s products

Westfield Health offers two different types of insurance - health cash plans and private health insurance:

Health Cash Plan

A health cash plan allows a policyholder to claim money back, up to set limits, towards the cost of essential healthcare. It is a great way to help budget for everyday health costs. From dental appointments to optical check-ups, therapy treatment and more, policyholders can rest assured that their cover will help with the bills. Dependent children are covered too, on key benefits, giving extra peace of mind.

A health cash plan also provides access to valuable health and wellbeing services including 24 hour telephone access to a UK GP and an advisory service for care after hospital for elderly relatives.

Private Health Insurance

Private health **insurance occupies the “middle market” between** health cash plans and fully-featured private medical insurance. It makes private surgery and medical treatment more accessible, to ensure policyholders can be treated as quickly as possible. **Westfield Health’s prices** have been kept affordable by negotiating fixed price treatment packages and excluding heart and cancer treatment (areas that the NHS have established and proven pathways for) and excluding chronic conditions.

About this report

The purpose of this Solvency and Financial Condition Report is to enable policyholders and other stakeholders to understand Westfield Health’s **business performance, governance, risk management, valuation policies**, and its management of solvency and capital. It is accompanied by a number of reporting templates which set out more quantitative detail around the financial position and solvency of Westfield Health.

Westfield Health does not need to undertake group reporting, this report is therefore based on the solo insurance entity but with group financial results reported where necessary.

Finances

Gross premiums earned increased year on year from £61.2m to £63.4m, an increase of £2.2m (3.6%) driven by both an increase in policyholder numbers during the year and targeted price increases where value could be maintained for policyholders.

Westfield Health’s **solvency ratio** (measured as Own Funds divided by Solvency Capital Requirement) was 266% as at 31 March 2020 (2019: 245%). The regulations are designed so that a ratio of 100% should be enough capital to survive a “one-in-two-hundred year” event.

Westfield Health has donated £580k to health-related charities during the year. Westfield has also committed to sponsoring the British Transplant Games until at least 2022. The Games help deliver **Transplant Sports' aim to demonstrate the benefits of transplantation; increasing public awareness** of the need for organ donation, encouraging transplant recipients to lead active lifestyles and showing appreciation for, and remembering, donors and their families. Sadly the 2020 Games will not take place as planned in Coventry in the summer due to the COVID-19 pandemic, but Transplant Sport have confirmed that the Games for 2021 will take place in Leeds.

The table below summarises Westfield Health's consolidated financial results for the year as reported in the Group financial statements:

Summary Comprehensive Income Statement	2020 £'000	2019 £'000
Surplus/(Deficit) on insurance operations before GMP equalisation	1,028	(1,945)
Defined benefit pension scheme GMP equalisation	-	(572)
Surplus/(Deficit) on insurance operations	1,028	(2,517)
Revaluations	548	70
Surplus/(Deficit) on technical account	1,576	(2,447)
Net non-technical result	(6,559)	628
Deficit before charitable donations	(4,983)	(1,819)
Gift Aid and other charitable donations	(580)	(513)
Deficit before tax	(5,563)	(2,332)
Tax	324	38
Deficit for the year on Ordinary Activities	(5,239)	(2,294)
Actuarial loss on pension scheme	(37)	(260)
Deficit transferred to reserves	(5,276)	(2,554)

Customer service

Westfield Health continually strives to achieve customer experience excellence. Net Promoter score (“NPS”) is a customer loyalty metric that asks policyholders “How likely is it that you would recommend Westfield to family, friends or colleagues?” The data is collected daily.

Westfield scored, on average, +78 for this financial year (2019: +79). The NPS is calculated by subtracting the percentage of detractors from the percentage of promoters. The scoring ranges from -100 (all detractors) up to +100 (all promoters). A score of +50 is deemed to be excellent. This very high score reflects **Westfield's** continued commitment to customer experience excellence.

Developments at Westfield Health

Westfield celebrated reaching 100 years in business in 2019 with a number of events undertaken to mark the occasion. A charity football match was held at Bramall Lane which raised over £6,000 for **St Luke's Hospice, a local Sheffield hospice that cares for adults with terminal illnesses, and Campaign Against Living Miserably (CALM), a national charity raising awareness of male suicide.** On the actual birthday, 3rd July 2019, the offices were decorated to commemorate every decade from the past 100 years with local dignitaries, clients, charitable partners and other selected guests invited to thank them for their continued support. In October Westfield hosted an afternoon tea party and **dinner dance at a local hotel for two hundred of Sheffield's centenarians, families and local dignitaries.**

2019-20 saw a significant turnaround in the insurance entity with the goal of returning to trading profit delivered ahead of plan and an increase of nearly 3,000 policies. Great improvements were made in the direct to consumer user experience and path to purchase and changes were instigated to optimise the sales processes for business to business sales, including the introduction of a new sales team that specifically hunts for new business.

This year also saw a significant step forward in **Westfield Health's** business diversification strategy with the acquisition of onsite corporate fitness and wellbeing provider High Five Intenz Groep B.V., an international group headquartered in the Netherlands, establishing (overnight) a position as a leading onsite corporate fitness and wellbeing service provider, not only in the UK but also across mainland Europe

Impact of COVID-19

The global COVID-19 pandemic began impacting operations in the final quarter of the year. Following **the UK government's announcement to "Stay Home, Protect the NHS, Save Lives"** the Group began operating remotely across the entire business. The IT and Risk departments have focussed on ensuring that operations continue under an appropriately robust control environment. The HR department has focused on ensuring employees have support for their emotional and physical wellbeing through the lockdown period. All meetings, including committee and Board meetings now take place virtually. Initially operating and reporting functions focussed on business-critical work only but following a month of embedding the new structure the business was back to performing all of its usual tasks.

Whilst operating remotely **Westfield Health's** insurance business customers have reported a seamless transition in the services provided. A return to office working will begin as it is deemed appropriate to do so and will follow all necessary governmental guidance.

Sales started to decline during March as companies began closing workplaces. Usual claiming patterns also shifted as usage of elements of the cashplans that can be accessed remotely increased whilst reimbursements for treatments reduced significantly. Volumes of reimbursements are starting to increase as lockdown rules have been relaxed and practitioners have begun seeing non-critical patients again.

As well as providing operational updates to customers, the focus has been on adding value through relevant educational content that helps to support people and organisations to respond and rebound from this pandemic, including health and wellbeing toolkits. Support has been given to insurance customers with reactive account payment suspensions. Westfield Health continues to monitor regulatory guidance on how best to maintain product value through the changing environment.

Another key focus for the year has been the ongoing development of the new IT system. This is explained in more detail below:

Event	Impact
Develop new IT system	<ul style="list-style-type: none"><li data-bbox="536 450 1385 506">• New system includes new digital capability to support business objectives<li data-bbox="536 510 1385 566">• Agile approach enables future business requirements to be catered for<li data-bbox="536 571 1385 604">• Requires significant capital investment<li data-bbox="536 609 1385 640">• Involvement from staff across Westfield Health

The ongoing COVID-19 pandemic may also add to the time required to develop the new IT system, with some impact already having been experienced.

The Board of Directors has overall responsibility for the direction and governance of Westfield Health. Over recent years, the Board has put in place measures to further strengthen Westfield Health's corporate governance and risk management in order to meet the requirements of Solvency II. The current governance and risk frameworks are detailed further in this report. There have been no significant changes to the frameworks in the current reporting year.

A. Business and performance

A.1. Business

Name, legal form and key contacts

Westfield Health is a not for profit health insurance company formed over a century ago in 1919.

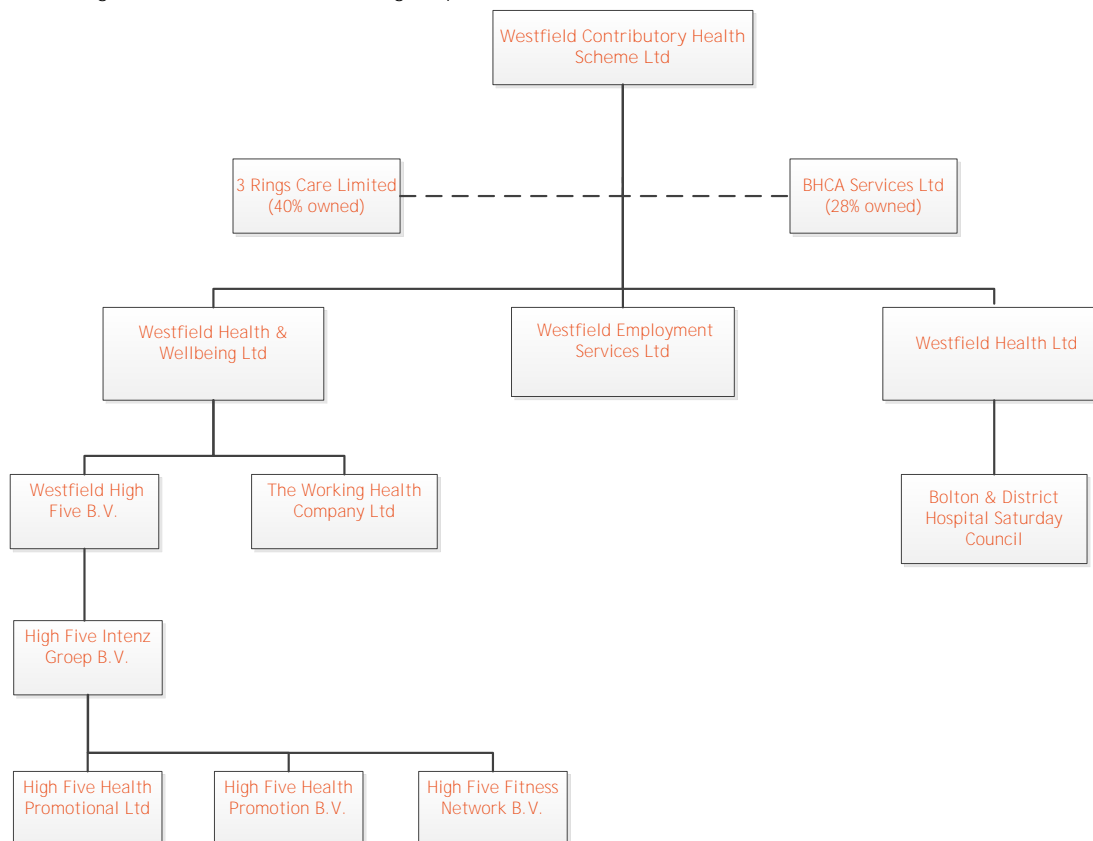
Westfield Health is a company limited by guarantee, so has no shareholders, but rather has Members of the Company. Members take part in supervising the performance of the Company and its directors, to protect the interests of the Company. **The Company's Articles of Association prohibit Members** from benefiting as a result of their membership; as at 31st March there were 10 Members, each with an equal voting right, so no individual Member is considered to hold undue influence over management.

During the year a significant step forward was taken in the business diversification strategy with the acquisition of onsite corporate fitness and wellbeing provider High Five Intenz Groep B.V., an international group headquartered in the Netherlands, establishing (overnight) **Westfield Health's** position as a leading onsite corporate fitness and wellbeing service provider, not only in the UK but also across mainland Europe.

The Group now comprises the following companies:

- 100% of the ordinary share capital of Bolton & District Hospital Saturday Council, a company incorporated in England and Wales;
- 100% of the ordinary share capital of the Working Health Company Limited, a company incorporated in England and Wales;
- 100% of the ordinary share capital of Westfield Health & Wellbeing Limited, a company incorporated in England and Wales;
- 100% of the ordinary share capital of Westfield High Five B.V., a company incorporated in the Netherlands;
- 100% of the ordinary share capital of High Five Intenz Groep B.V., a company incorporated in the Netherlands;
- 100% of the ordinary share capital of High Five Health Promotion B.V., a company incorporated in the Netherlands;
- 100% of the ordinary share capital of High Five Fitness Network B.V., a company incorporated in the Netherlands;
- 100% of the ordinary share capital of High Five Health Promotion Limited, a company incorporated in England and Wales;
- 100% of the ordinary share capital of Westfield Employment Services Limited, a company incorporated in England and Wales;
- 100% of the ordinary share capital of Westfield Health Limited, an investment holding company incorporated in England and Wales;
- 40% of the ordinary share capital of 3Rings Care Limited, a company incorporated in England and Wales; and
- 28% of the ordinary share capital of BHCA Services Limited, a company incorporated in England and Wales.

The diagram below sets out the group structure of Westfield Health:



Westfield Health’s prudential regulator is the Prudential Regulatory Authority, Bank of England, 20 Moorgate, London EC2R 6DA (“the PRA”); its external auditors are BDO LLP, 150 Aldersgate Street, London, EC1A 4AB.

Lines of business

Westfield Health’s only line of insurance business, encompassing both health cash plans and private health insurance, is health insurance within the United Kingdom and Channel Islands.

Material events during the year

During this time of change Westfield Health has undertaken a number of key projects to enable progress towards its medium-term strategic goals. The key projects are outlined below:

People

Westfield Health has continued to invest in its people and is dedicated to making Westfield Health a great place to work. The commitment to their people drives Westfield Health to create opportunities for colleagues to feel empowered to make a healthy difference in their own roles. Westfield Health firmly believes that **its people**, “the Westfield Team” are **the Group’s biggest asset**. The aim is to create a healthy workplace where all feel connected, heard, developed, recognised and supported. Through their processes, policies and ways of working, Westfield Health endeavours to drive behaviours that they believe support them in reaching their strategic vision.

Westfield is delighted to be holders of the Investors in People Gold accreditation. This award demonstrates their commitment to high performance through good people management. Investors in People is the international standard for people management, defining what it takes to lead, support and manage people effectively to achieve sustainable results. Underpinning the Standard is the Investors in People framework, reflecting the latest workplace trends, essential skills and effective structures required to outperform in any industry. Gold is one of the highest levels of Investors in People accreditation that can be achieved with only 16% of companies reaching this level. Westfield Health is incredibly proud to hold this award in recognition of the importance that they place on their People agenda.

Work on the corporate culture continues with the launch of The Westfield Way; a values and competency framework. This was informed by the beliefs and values of colleagues and continues to be embedded through leadership, systems, processes and working practices. The Westfield Way complements and reinforces the Purpose and Mission to ensure the strategic narrative is consistent. **This clarity empowers colleagues to be fully engaged with the direction of Westfield Health's purpose** and make autonomous decisions that are aligned to **the Group's** goals.

Product Reviews and Developments

Following a careful review of how **Westfield Health's** insurance products are delivered and risk managed the dependence on some third-party providers was reduced by bringing certain elements of the products in house during the year. The personal accident cover within the cash plan products is now administered internally by Westfield, having previously been administered externally, as it was recognised that the skilled claims handling team could provide the same high level of service. In addition, the Private Health Insurance (PHI) products have previously been reinsured. The experience gained in selling and administering the PHI products over a number of years allowed Westfield Health to no longer rely on the support of reinsurance.

Customers

Westfield Health continually strives to achieve an excellent customer experience with the average claims processing time across all channels standing at 1.1 days.

Customers continued to submit claims online, enabling them to claim easily and quickly. The percentage of claims submitted digitally was **59.3%, in line with the previous year's adoption rate.**

Westfield is ServiceMark Accredited with the Institute of Customer Services. This reflects Westfield **Health's** commitment to achieve customer experience excellence, as included in the strategic goals.

Strategic Partnerships

In October 2019, Westfield Health and Sheffield Hallam University's Advanced Wellbeing Research Centre (AWRC) launched the first client Knowledge Transfer Partnership (KTP) project, working with Innovate UK, a government funded organisation that funds business and research collaborations to accelerate innovation, and drive productivity and economic growth.

The KTP will build the evidence base by academically evaluating the impact of **Westfield Health's** workplace wellbeing products and services on employees and the companies who invest in them. 4 KTP projects were launched in 2019/20 and work with these organisations will continue to assess their wellbeing needs and understand how effective **Westfield Health's** workplace wellbeing interventions are improving health outcomes for individuals, as well as improving key business metrics in the organisations they work for, e.g. levels of absenteeism and presenteeism. This will provide

insights to develop and implement effective health and wellbeing interventions and will help organisations better understand the return on their investment in health and wellbeing.

Acquisition of High Five

This year saw a significant step forward in **the Group's** business diversification strategy with the acquisition of onsite corporate fitness and wellbeing provider High Five Intenz Groep B.V., an international group headquartered in the Netherlands, establishing (overnight) **Westfield Health's** position as a leading onsite corporate fitness and wellbeing service provider, not only in the UK but also across mainland Europe.

Development of a new IT System

The Group is continuing its investment in designing, developing and delivering a new IT system to replace the current system. The purpose of the new digital platform is to deliver the future technology health of the business. Modules required for the non-insurance business have already been delivered and modules covering the core insurance business are due to be introduced over the period to December 2021. This timeframe is expected to be met but is based on the current scope of work and an assumption that the COVID-19 lockdown will not cause any further disruption.

A strong focus on achieving the benefits and efficiencies of delivering a digital customer journey with continued improvement is expected to provide a strong future foundation to enable the overall business to deliver its long-term strategy and goals. Agile Development strategies have been implemented to enable future business requirements, not yet defined or envisaged, to be catered for in a far more efficient and cost-effective way as opposed to historical and traditional methodologies of technology design and implementation.

Information Security Management System (ISO27001)

ISO27001 is a recognised international standard for managing risk to the security of information that is held by an organisation. It is a specification for an information security management system (ISMS) which is an approach to managing and protecting company information in terms of confidentiality, integrity and availability. Westfield Health achieved certification to this standard in May 2018 through an independent certification body and is subject to an annual audit. The latest audit was due to be completed in April 2020 but due to the COVID-19 emergency has been postponed until later in the year.

Migration to Cloud Services and Continued Group Integration

Westfield Health has started a journey towards moving all infrastructure and services from the current co-located data centre set up to off-premise cloud solutions. This has many advantages for the business including (but not limited to); enhanced security, reduced complexity, automatic backup, greater flexibility and collaboration for staff and reduced capital spend. **The new IT system is being developed and deployed using Amazon's Web Services and other cloud implementations have already been completed (e.g. Office365 and Microsoft Teams).** Progressing a "cloud first" strategy helps to continue further integration with the Westfield Health Group of companies, in turn reducing duplicate costs and giving greater economies of scale.

Charitable Donations and Sponsorship

As part of its dedication to making a healthy difference to the quality of life of our customers and the communities in which they live and work Westfield Health have donated over £6 million over the last 10 years to health-related charities. Westfield Health has donated £580k to health-related charities during the year.

In addition to charitable donations, Westfield Health has committed to sponsoring the British **Transplant Games until at least 2022. The Games help deliver Transplant Sports' aim to demonstrate** the benefits of transplantation; increasing public awareness of the need for organ donation, encouraging transplant recipients to lead active lifestyles and showing appreciation for, and remembering, donors and their families. Sadly the 2020 Games will not take place as planned in Coventry in the summer due to the COVID-19 pandemic, but Transplant Sport have confirmed that the Games for 2021 will take place in Leeds.

Overview of financial performance

The following sections provide some detail on Westfield Health's financial performance through the year. For reference, the Group's consolidated income & expenditure account, as disclosed in the Group's audited financial statements, is included below:

	2020	2019
	£'000	£'000
Gross premiums earned	63,419	61,217
Reinsurance ceded	(733)	(1,171)
Third party underwriting costs	(1,601)	(1,731)
Rebated premiums	(28)	(39)
	61,057	58,276
Gross claims incurred	(45,646)	(45,184)
Reinsurer's share	638	802
Net claims incurred	(45,008)	(44,382)
	16,049	13,894
Net operating expenses	(15,021)	(16,411)
<i>Revaluation</i>		
Land and buildings	548	70
Surplus/(Deficit) on general business technical account	1,576	(2,447)
Investment income	4,004	3,870
Unrealised losses on investments	(4,517)	(1,455)
Share of profits/(losses) of associates	10	(145)
Impairment of goodwill	(4,420)	-
Impairment of associates	(10)	(51)
Provision for loans to associates	30	(333)
Revaluation of investment property	(173)	-
Other income	3,715	1,431
Other charges	(5,266)	(2,790)
Net finance income in respect of pensions	68	101
Deficit before charitable donations	(4,983)	(1,819)
Other charges - Gift Aid and other charitable donations	(580)	(513)
Deficit on Ordinary Activities before Tax	(5,563)	(2,332)
Tax on deficit on Ordinary Activities	324	38
Deficit for the year on Ordinary Activities	(5,239)	(2,294)
<i>Other Comprehensive Income</i>		
Actuarial losses on pension scheme	(37)	(260)
Deficit for the year transferred to Revenue Reserve	(5,276)	(2,554)

A.2. Underwriting performance

In Solvency II terms, Westfield Health has only one line of insurance business, health insurance, so all of the underwriting results are reported under a single line of business. The value written in the Channel Islands is immaterial, and therefore no geographical split is presented.

Key performance indicators

	19/20	18/19
Gross Premiums	£63.4m	£61.2m
Gross claims ratio	72.0%	73.8%
Operating Expense Ratio	23.7%	26.8%
Combined Ratio	97.5%	104.0%

Gross premiums

Gross premiums earned increased year on year from £61.2m to £63.4m, an increase of £2.2m (3.6%) driven by both an increase in policyholder numbers during the year and targeted price increases where value could be maintained for policyholders.

Gross claims ratio

Gross claims ratio indicates the proportion of policyholders' premiums that are paid out in claims. As a not-for-profit organisation Westfield Health strives to return the best value to policyholders and therefore aims to keep this ratio as high as possible whilst ensuring the long-term viability of the Group.

The claims ratio was 72.0% (2019: 73.8%), demonstrating continued value for customers. This ratio excludes the additional benefits provided to policyholders through third parties. A high proportion of premiums received is paid out in claims to policyholders.

Operating expense ratio

Operating expense ratio is the proportion of **policyholders' premiums** that are used in the running of the insurance part of the Group.

Included in operating expenses for 2019 is £572k relating to the cost of equalising **Guaranteed Minimum Pensions (GMP)**. **In October 2018 the UK's High Court ruled in the Lloyds Banking Group case** that unequal benefits in respect of different GMP for male and female pension scheme members must be equalised. **Estimates of the impact of equalising these benefits for the Group's defined benefit pension scheme (the "Scheme")** have been calculated as a 2.5% uplift to the Scheme liabilities, as agreed by the Scheme trustees. A more detailed review of the actual increase in liabilities is to be carried out during 2020/21.

The operating expense ratio (total operating expenses: gross premiums collected) decreased from 26.8% to 23.7%. By removing the costs relating to the GMP equalisation above, the underlying operating expense ratio for 2019 would have been 25.9%. The reduction in the ratio year on year is due to being able to increase the Gross Premiums earned whilst also reducing operating costs. Westfield Health continues to proactively manage costs and drive best value from suppliers.

Combined ratio

The combined ratio is the ratio of total expenses (including claims, costs of third party benefits and operating expenses including project spend) to gross premium income.

The combined ratio for the year stands at 97.5% (2019: 104.0%). Excluding the costs relating to the GMP equalisation the underlying combined ratio for 2019 would have been 103.2%. Achieving an operating surplus in 2019/20 is in line with one of Westfield Health's **strategic goals which is to deliver sustainable long-term operating profits.**

A.3. Investment performance

Investment income and expenses

On a Solvency II basis, Westfield Health's **investments were valued at** £50.5m at 31 March 2020 (2019 £63.2m). Realised and unrealised gains and losses plus related income and expenses on these, as reported in the FRS 102 financial statements, are set out below:

	2020	2019
	£'000	£'000
Rental income from investment property	297	138
Rental expenses	(234)	(219)
Income from other investments:		
Interest - fixed income securities	312	401
Interest - cash and deposits with credit institutions	34	31
Interest - other loans	-	6
Dividends - investment in equity instruments	697	748
Investment management fees	(216)	(208)
	<u>890</u>	<u>897</u>
<i>Profits on realisation of investments</i>		
Fixed income securities	621	555
Equity instruments	2,483	2,415
Recovery of deposits previously written off	10	3
	<u>4,004</u>	<u>3,870</u>
<i>Unrealised gains or losses</i>		
Unrealised losses on financial investments	(4,517)	(1,455)
Total	<u>(513)</u>	<u>2,415</u>

The total return of investment income plus unrealised gains on opening investments, on a FRS 102 basis was -7.1% (2019: +4.2%). This includes an investment return of -8.9% in the fourth quarter as economies reacted to measures taken by governments against the global pandemic of COVID-19. £15.4m was withdrawn from the investment portfolio during the year, mostly to fund the acquisition of the High Five group of companies, but also as a response to high equity valuations in December 2019 and in preparation of any cashflow requirements caused by the uncertainty of COVID-19.

Approximately £19.1m of the value of the investment portfolio held by the Group is invested in equity instruments that are Stock Market listed and £15.7m is held in Government and corporate fixed interest and index linked securities. £1.5m was invested in unlisted real estate funds during the year.

Deposits held with credit institutions fell from £5.9m to £3.9m. This reduction was in response to COVID-19 where it was felt appropriate to all the deposits to mature in cash of potential liquidity issues caused by the market uncertainty.

Other investments held by the Group include Investment Property with a total value of £4.0m (2019: £5.0m); a floor of the building originally intended for rental purposes was converted during the year into an Active Space for use by Group employees so £0.9m was transferred from Investment Property to Property, Plant & Equipment held for own use.

No gains or losses on investments were reported directly in equity.

No direct investments are held in securitisations; Westfield Health has some indirect exposure via bond funds which include securitisations in their portfolios. Westfield Health has no appetite to use derivatives directly; asset managers may use derivatives for the purposes of risk management and efficient portfolio management.

A.4. Performance of other activities

Income and costs relating to other activities are set out in the income and expenditure account at the end of section A.1 above. **“Other income”** of £3.7m (2019: £1.4m) relates to the Group’s non-insurance sales. **“Other charges”** of £5.3m (2019: £2.8m) relate to the cost of delivering the Group’s non-insurance business. The increase in other income and other charges is mostly due to the inclusion of trading from the High Five group of companies for three months following their acquisition in January 2020.

Following a review of the impact of COVID-19 on the operations of the High Five group of companies it was deemed prudent to impair the valuation of the goodwill arising on acquisition of High Five Intenz Groep B.V. by £4.4m.

Charitable giving, mainly via **Westfield Health’s donations to** the Westfield Health Charitable Trust, has continued throughout the year in support of Westfield Health’s purpose of making a healthy difference to the quality of life of their customers and the communities in which they live and work.

Leases

Operating leases - Lessee

At 31 March 2020 Westfield Health had annual commitments under non-cancellable operating leases, for Motor Vehicles, Short Term Office Space and Equipment, as follows:

	2020	2019
Expiry Date:	£’000	£’000
Less than one year	1,014	242
Between one and five years	1,142	261
Over five years	27	-
Total	2,183	503

The increase is due to the acquisition of the High Five group of companies and the leases that they hold (£1.9m of the 2020 total).

Operating leases - Lessor

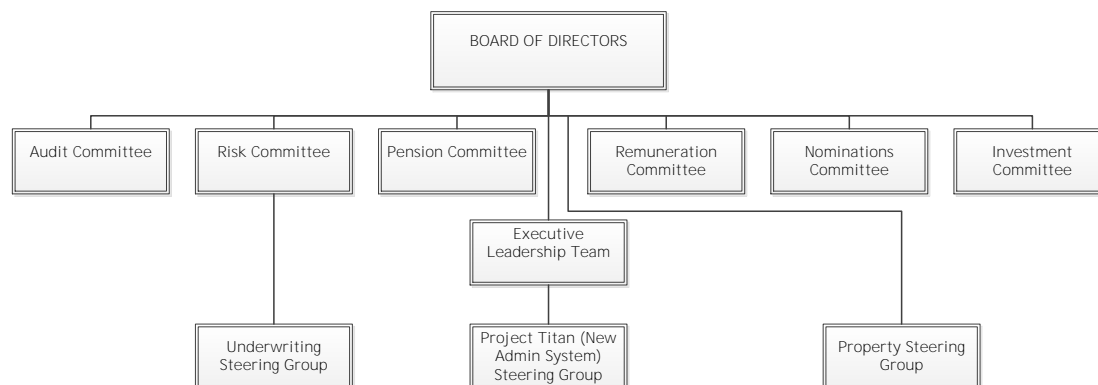
As reported in A3, total rental income during the year was £297k (2019: £138k); the increase is due to tenants starting to lease the available floors of Westfield House, with the property at full capacity from December 2019. Expenditure in relation to these floors was £234k (2019: £219k).

B. System of governance

B.1. General information on the system of governance

Board and committee structure and roles

Westfield Health's governance structure is laid out below:



Westfield Health is a company limited by guarantee, so has no shareholders, but rather has Members of the Company. Members take part in supervising the performance of the Company and its directors, **to protect the interests of the Company. The Company's Articles of Association prohibit Members from benefiting as a result of their membership; as at 31st March there were 10 Members, each with an equal voting right, so no individual Member is considered to hold undue influence over management.**

The Board of Directors has overall responsibility for the direction and governance of Westfield Health.

The Audit Committee is entirely non-executive in composition and has no members in common with either the Remuneration Committee or the Nominations Committee. Its role is to act as part of **Westfield Health's "third line of defence", reviewing reports from internal and external audit.**

The Risk Committee is comprised of a mixture of executive and non-executive directors and is regularly attended by the Risk Manager, the Compliance Manager and other operational managers from across the business. The committee includes certain members of the Audit Committee to ensure **the two groups' work is complementary.**

The Pension Committee is comprised of a mixture of executive and non-executive directors and **reviews the operation of the group's defined benefit, defined contribution and life assurance schemes.**

The Remuneration Committee is responsible for review and implementation of Westfield Health's remuneration policy, particularly as it applies to executive directors. Its membership is entirely composed of non-executive directors. A representative from HR acts as an advisor to the Committee.

The Nominations Committee is responsible for ensuring that the membership of the Board remains fit and proper. This includes selecting and recommending candidates, and succession planning for key Board roles, including executive and non-executive directors, and members. The Nominations Committee comprises the Chair of Westfield Health, Chief Executive, Vice-Chair and Senior Independent Director. A representative from HR acts as an advisor to the Committee.

The Investment Committee is responsible for reviewing all aspects of Westfield Health's investment activities to ensure they are aligned with the Board's Investment Policy. Its membership comprises a mixture of executive directors and other key members of the business.

The Executive Leadership Team consists of the Executive Directors and other senior roles across the business. Its role includes the development of strategy for Board approval and managing the delivery of this strategy across Westfield Health.

This structure allows for the implementation of a “3 lines of defence” risk management system. The “first line” comprises operational management, who are responsible for ensuring that adequate systems and controls are in place to manage risks in their areas. The “second line” comprises oversight functions (Compliance, Risk Management, and Actuarial functions) who advise and support managers in this role whilst retaining some operational independence; this second line reports to the Risk Committee. The “third line” is internal audit, which reports to the Audit Committee.

Key functions

Solvency II defines four “key functions” - Internal Audit, Compliance, Risk Management and Actuarial - as essential for an effective system of governance in any insurer. Westfield Health has not identified **any additional functions which it considers to be “key”**. To minimise repetition, information about the implementation of these functions is set out in sections of this report relating to their activities.

Key Function	Section Reference	Section Title
Actuarial	B.6	Actuarial function
Compliance	B.4	Internal Control
Internal Audit	0	Internal Audit
Risk Management	B.3	Risk Management

Changes to the system of governance

Diane Cheeseborough (Non-Executive Director) resigned in September 2019.

Remuneration policy

Principles

Westfield Health has a written remuneration policy, the key objectives of which are to ensure that Westfield Health is able to:

- Appropriately compensate employees, Executive and Non-Executive Directors for their services and to provide a flexible, competitive remuneration structure which:
 - reflects market practice and benchmarks;
 - is aligned to the performance of the business;
 - is tailored to the specific circumstances of Westfield Health;
 - is a transparent system throughout all levels of the company;
 - attracts, motivates and retains highly skilled people; and
 - determines remuneration in a way that ensures a level of equity and consistency across the business.
- Focus on ensuring a sound and effective risk management through:
 - a robust governance structure for setting and communicating goals;
 - inclusion of both financial and non-financial goals in performance and result assessments;
 - making fixed salaries the main remuneration component and providing an overall competitive total reward package; and
 - independent advice from external advisers.
- Support the long-term goal of being a great employer.
- Ensure that no-one will be involved in determining their own pay.

Variable remuneration and performance criteria

Westfield Health has five forms of variable remuneration, paid respectively to Executive Directors, Executive Leadership Team, Heads of Department, sales staff, and other staff. In all cases, these bonus schemes are fully flexible and discretionary.

For Executive Directors, the Executive Leadership Team and Heads of Department, the annual bonus schemes reward performance aligned to the Group's **business goals and individual contribution and performance aligned to role-modelling of the Group's values**. **The bonus amount** is determined by Group performance across agreed key performance measures and individual contribution, determined by the achievement of objectives and behaviours displayed.

The bonuses are designed to ensure they support the leaders of the business in striving towards the **same corporate goals and encourage the 'one team' working value**.

For sales staff, the bonus scheme is based on the income generated by individual sales consultants **and is calculated on a monthly basis**. **There is also a quarterly bonus based on the individual's portfolio value**.

For other staff, the Annual Corporate Bonus rewards performance aligned to the Group's **business goals**.

The bonus amount is determined by Group performance across agreed key performance measures set out on an annual basis, not all of which are financial measures. This provides an opportunity for the Group to share its successes, in an affordable way, with everyone who has contributed towards its **corporate goals and promotes and encourages the 'One Team' Group value**.

Supplementary pension or early retirement schemes

There are no supplementary pension or early retirement schemes in place for any director or staff member at Westfield Health.

Material transactions with influential parties

During the year there have been no material transactions with members of the Board or Members of the Company, other than their remuneration.

The following transactions occurred in the year with other related parties:

	2020	2019
	£'000	£'000
Gift aid payments:		
The Westfield Health Charitable Trust	564	439
Transactions with associates:		
Income from associates	3	12
Payments to associates	(43)	(46)
	(40)	(34)

Two of the directors of Westfield Health are trustees of The Westfield Health Charitable Trust.

B.2. Fit & proper requirements

Westfield Health is committed to ensuring that everyone in leadership roles is fit and proper to manage the duties and responsibilities related to the key roles they are appointed to. The Nominations Committee and appointments process in respect of Board members is crucial to strong corporate performance as well as effective accountability.

Before making an appointment the Nominations Committee will evaluate the balance of skills, knowledge and experience on the Board and will develop a role profile to take account of the role and required capabilities in areas such as:

- Market knowledge;
- Leadership;
- Business strategy and business model;
- System of governance;
- Financial and actuarial analysis;
- Regulatory framework and requirement; and
- Risk management.

Westfield Health carries out a number of pre-employment checks for all Board and non-Board appointments including the following:

- Criminal Records Bureau - Standard disclosure;
- Address history;
- Financial propriety checks (CCJ Bankruptcy, IVA);
- Employment and personal references in line with FCA requirements;
- Establishing if there is any evidence of regulatory sanctions or prohibitions;
- Passport validation;
- Qualifications vetting;
- 5 year general activity (self- employment, employment and education);
- Verification of memberships and licenses; and
- Investigative directorship search.

An annual declaration is completed by any approved person to ensure the ongoing monitoring of fitness and propriety of all approved role holders and is reviewed by the Nominations Committee.

All people in key leadership roles, including Non-Executives, participate in the mandatory training programme that is provided to all colleagues across the Group. This includes training on topics such as Anti-Bribery, Whistleblowing, Treating Customers Fairly and GDPR. Learning is completed in both face-to-face and online settings.

Westfield has ensured that the Company is compliant with the Senior Managers and Certification Regime, which enhances the Approved Persons Regime.

B.3. Risk management

Risk management system

At Westfield Health, a standard 3 lines of defence model is used to manage risks and to ensure controls are operating effectively.

The first line of defence comprises operational management whereby relevant managers at appropriate positions within the business manage pertinent systems, controls and provide assurance that risks are being mitigated effectively.

The second line consists of a dedicated Risk Manager who provides guidance, oversight and review of the risk management framework and a Compliance Manager who supports management and the Board in ensuring that there are adequate procedures in place to meet compliance and legal requirements and to manage compliance risk. The Chief Operating Officer holds the regulatory responsibility for risk management as the nominated Chief Risk Officer/SIMF4 holder.

Westfield's risk framework and process are subject to regular review to ensure that they remain fit for purpose.

The Risk Committee reports directly to the Board. It comprises a mixture of executive and non-executive directors together with the Risk Manager and is regularly attended by operational managers from across the business, including the Compliance Manager. It provides regular scrutiny of the Risk and Compliance functions. The committee includes members of the Audit Committee to ensure the two committees are aligned.

The third line of defence is an independent outsourced internal audit function which allows Westfield Health to have access to a range of specialist skills and best practice knowledge which reports directly to the Audit Committee. The function agrees an annual audit plan with the Audit Committee and the Board and conducts risk-based audits throughout the Group during the year.

Where risks are identified, clear policies and procedures are put in place to mitigate the identified risk to **a level in line with Westfield Health's risk appetite**. **Westfield Health's risk framework and process** is subject to regular review to ensure that it remains fit for purpose.

Own Risk and Solvency Assessment

The Own Risk and Solvency Assessment (ORSA) process is co-ordinated by the Risk Management function with input from a wide range of stakeholders across Westfield Health. Material risks are identified and assessed by senior managers across the business. These are correlated to determine likely capital impacts and recommendations made for additional management actions.

A range of scenarios is developed in consultation with the Risk Committee and senior management. These scenarios are then applied to Westfield Health's **balance sheet model to identify their** impact on capital.

The resulting ORSA report and associated recommendations are reviewed by the Risk Committee and the Board prior to final review and approval by the Board.

Recommended actions from the ORSA are a standing agenda item for the Risk Committee. Any proposed decisions which are expected to have a significant impact on either the capital or risk profile of Westfield Health are assessed by a process which includes identifying their impact on the projected capital position, and determining whether the impact is so material that the ORSA requires re-performing. All Board proposals include a section on capital and solvency implications to ensure consideration is given to them.

The ORSA is generally performed once per year, unless an interim ORSA is considered necessary as described above.

Capital management

The Board recognises the importance of maintaining adequate solvency to ensure the long-term stability of Westfield Health. **This is particularly important as all of Westfield Health's** capital comes from retained earnings.

The Board intends that Westfield Health should hold a minimum of 150% of its Solvency Capital Requirement (**"SCR"**) **on a Solvency II basis under any "base case" financial model, and a minimum** of 125% of its Solvency Capital Requirement under any reasonably foreseeable adverse scenario.

B.4. Internal control

The Company's structure is relatively straightforward; its internal control system is proportionate to the complexity of the business. The Board sets the corporate culture and environment including the overall **"tone from the top" around controls**. It does this by setting and defining Westfield Health's strategy, risk appetite, vision, values and key policies; and by overseeing Westfield Health's operations, reviewing regular reports from management on performance against budget, strategy and risk appetite.

Managers have responsibility for ensuring the appropriate controls are in place to identify and mitigate risks to the operational areas under their responsibility.

The Risk Management and Compliance functions provide oversight around development and implementation of risk assessments and controls. The internal audit function provides a fully independent review of the effectiveness of the control environment for the Board.

Compliance function

Role

The Compliance function supports management and the Board in ensuring that there are adequate procedures in place to meet compliance and legal requirements and to manage compliance risk.

Authority

The Compliance function acts under a mandate from the Board. The annual Compliance Plan is approved by the Risk Committee.

The Compliance function has access to:

- All areas of the business as necessary to execute the Compliance plan.
- The Chief Executive, Risk Committee and Audit Committee to report any matter that they consider puts the business at risk from non-compliance with its regulatory and legal obligations

The Compliance function is led by a suitably qualified and experienced member of staff.

Reporting

The Compliance function has a management reporting line to the Chief Operating Officer via the Financial Controller and a functional reporting line to the Risk Committee. The Compliance function holder attends the meetings of this Committee. Written reports are submitted to each quarterly meeting of the Risk Committee and Board.

Independence

The Compliance function's independence from the business activities that it monitors is ensured by its formal status, which is stated and communicated through the Compliance Charter. To further ensure independence, the Compliance function as a whole or its individual members are not placed in a position where possible conflict of interest may occur between compliance responsibilities and any other responsibilities.

Effectiveness

The effectiveness of the Compliance function is periodically reviewed and reported upon by the Internal Audit function.

B.5. Internal audit

Westfield Health's internal audit is outsourced to PricewaterhouseCoopers LLP ("PwC"); the role of Chief Audit Executive is fulfilled by a PwC partner and all internal audit staffing is the responsibility of PwC. The prescribed responsibility for internal audit oversight required under the Senior Managers & Certification Regime is held by Westfield's Chief Operating Officer.

Scope of work

All of Westfield Health's activities (including outsourced activities) and legal entities are within the scope of Internal Audit. Internal Audit recommends which areas should be included within the annual audit plan by adopting an independent risk based approach. Internal Audit does not necessarily cover all potential scope areas every year. The audit programmes include obtaining an understanding of the processes and systems under audit, evaluating their adequacy, and testing the operating effectiveness of key controls.

Internal Audit can also, where appropriate, undertake special investigations and consulting engagements at the request of the Audit Committee, senior management and regulators.

Responsibilities

The Chief Audit Executive is responsible for preparing the annual audit plan in consultation with the Audit Committee and senior management, submitting the internal audit plan, internal audit budget, and resource plan for review and approval by the Audit Committee, implementing the approved internal audit plan, and issuing periodic audit reports on a timely basis to the Audit Committee and senior management.

The Chief Audit Executive is responsible for ensuring that the Internal Audit function has the skills and experience commensurate with the risks of the organisation. The Audit Committee makes appropriate enquiries of management and the Chief Audit Executive to determine whether there are any inappropriate limitations to scope or resource.

Reporting and independence

The internal audit plan of work is discussed with management but the internal auditors report to the Audit Committee.

Internal Audit staff remain independent of the business and report to the Chief Audit Executive who, in turn, report functionally to the Audit Committee and administratively to the Chief Operating Officer.

Internal Audit staff have no direct operational responsibility or authority over any of the activities they review. Therefore, they do not develop nor install systems or procedures, prepare records or engage in any other activity which they would normally audit. Internal Audit staff with real or perceived conflicts of interest must inform the Chief Audit Executive, then the Audit Committee, as soon as these issues become apparent so that appropriate safeguards can be put in place. The Group's Risk Manager is involved in fieldwork in non-sensitive areas of internal audit and this work is managed by PwC to ensure that there are no conflicts of interest and the standard of work is maintained at high levels.

Other PwC teams may be involved in the design and implementation of controls that will be/could be subject to internal audit review. Any such work is unrelated and the teams will be kept entirely separate. In those circumstances, the Chief Operating Officer is responsible for considering whether specific additional review procedures are needed to address any perceived impairment of objectivity.

B.6. Actuarial function

Westfield Health's insurance business is relatively straightforward. Claims are typically high-volume, low-value and are reasonably predictable using straightforward pricing models. The period between an insured event and settlement of a claim is extremely short, so technical provisions are modest compared to premiums or claims. As such the level of actuarial review required is limited.

The actuarial function is held by the Chief Operating Officer, who also holds the "Chief Actuary" role required under the Senior Insurance Managers' Regime.

Pricing is performed by the underwriting team under the supervision of the Director of Strategy & Commercial Finance. Significant or bespoke pricing decisions are reviewed by the Underwriting Steering Group (USG) which includes the Chief Operating Officer, the Commercial Director and the Head of Propositions, who are able to provide independent review and challenge to these pricing proposals. USG decisions are periodically reviewed by the Risk Committee.

Technical provisions are calculated by the Finance department and reviewed by the Financial Controller. They are subject to external audit on an annual basis and the process of maintaining the model includes regular comparison of previous estimates to actual out-turns.

The Finance department contributes its modelling expertise to the ORSA process under the supervision of the Chief Operating Officer.

This approach to the implementation of the actuarial function is considered proportionate to the level of risk and complexity inherent in Westfield Health's business.

B.7. Outsourcing

Westfield Health's outsourcing policy calls for an assessment of the importance of the service which is to be outsourced, and specifies steps which are proportionate to the importance of the resulting arrangement. The objective of these is to ensure that all activities undertaken as an outsourced arrangement are adequately and proportionately controlled in order to ensure that the strategic objectives of the Group and its responsibilities to policyholders and other stakeholders are not compromised.

Westfield Health is currently using a number of outsourced service providers to provide important or critical operational functions:

Outsourced service	Location of Provider
Internal audit	UK
Provision of data centre services and internet connectivity	UK
Database management services	UK
Telephony maintenance and support	UK
E-mail filtering	USA
Storage and collection of backup media	UK
Software development	Romania, UK
Cloud hosting	UK, Ireland

Westfield Health also outsources all staffing to Westfield Employment Services Limited, a wholly-owned subsidiary whose sole object is to provide staff to the Westfield Group.

B.8. Adequacy of governance arrangements

The Board of Directors are satisfied that the system of governance is adequate for the nature, scale and complexity of the risks inherent to Westfield Health.

C. Risk Profile

C.1. Underwriting risk

Risk assessment measures

The operational 'Underwriting Steering Group' (USG) is responsible for monitoring product group performance and insurance risk. The USG is overseen by the Risk Committee.

Underwriting risk is assessed using the following measures:

Claims modelling and experience monitoring

Based on experience, Westfield Health prepares a budget for each product line including the expected claim ratio. Product performance is monitored against this claim ratio and deviations are investigated.

Market monitoring and tracking of claims trends

Westfield Health's cash plan claims are driven partly by behavioural factors. Claim trends, purchasing behaviour and other signals from the broader healthcare market are all monitored for indications that customer behaviour may not be in line with underwriting assumptions.

Description of material risk exposures

Risks arising from insurance contracts can be sub-divided into 3 elements as follows:

- Premium risk - risk that insurance premiums received do not cover claims paid;
- Reserve risk - risk that technical provisions for incidents incurred but not reported are inadequate; and
- Catastrophe risk - risk of a mass accident, pandemic or other incident leading to exceptionally high levels of claims.

These are explained in more detail below.

Premium risk

Health Cash Plan

The nature of Westfield Health's core health cash plan product (reported as "medical expenses insurance" for Solvency II purposes), where claims are low in value and high in volume, tends to produce only small fluctuations in claims relative to the pricing of premiums.

As noted above, claim patterns are behavioural in nature; unexpected behaviour in customer groups could therefore lead to a large volume of loss-making insurance contracts being written.

Product performance is under constant review with active monitoring of all products for indications of such adverse selection; when identified, appropriate actions are taken to mitigate risk.

Private Health Insurance

Westfield Health's private health insurance product (reported as "medical expenses insurance" for Solvency II purposes) accounts for a small proportion of premium income. The claims profile is more volatile than health cash plan claims as claim values are higher whilst incident rates are lower.

Prices are kept affordable by negotiating fixed price treatment packages and excluding heart and cancer treatment - areas that the NHS already have established and proven pathways - and excluding chronic conditions. This also reduces premium risk because Westfield Health is not exposed to high-cost novel treatments, chronic conditions and pharmaceuticals.

Reserve risk

Health Cash Plan

Westfield Health's **technical provisions** for the health cash plan business are small relative to premiums. This reflects the terms of business - policyholders usually have 13 weeks to submit a claim from the incident date and claims are processed promptly on receipt. Note that in response to the COVID-19 outbreak, the 13 week claims window has been temporarily extended to 26 weeks.

Private Health Insurance

The nature of the product is such that claims must be reported to Westfield Health before treatment has commenced, and claims are usually resolved within a short timescale. This means that technical provisions and the associated reserve risk for private health insurance are small.

Catastrophe risk

The personal accident element of the health cash plans is now underwritten by Westfield, having previously been underwritten by a third party, increasing **Westfield's** exposure to catastrophe risk. In addition, a catastrophic event may directly lead to increased incidents requiring hospitalisation or therapy treatments, which are also covered by **Westfield Health's** insurance plans. Whilst the total exposure is relatively large, after considering the expected probability of certain catastrophic events occurring the financial impact of a such an event is assessed not to be significant for Westfield.

Investment assets and the prudent person principle

This is not relevant to underwriting risk.

Risk concentration

Corporate paid business exposes Westfield Health to the risk of concentration with a single customer whose behaviour may not reflect that expected. In the case of cash plans, corporate cultures and the behaviour of the employer can lead to much higher incident rates than those anticipated. For private health insurance this is mitigated by the non-discretionary nature of the procedures covered.

Similarly, if a corporate customer or intermediary accounts for a significant proportion of Westfield Health's **income**, Westfield Health's **financial results become dependent on retaining this business**.

The value of premiums from large accounts and via key brokers is monitored to identify potential concentrations of underwriting risk.

Risk mitigation

The following techniques are used to mitigate the risk associated with insurance risk:

Product design

Combining several benefits in one product reduces the impact of a sudden movement in behaviour on one benefit.

Product pricing

Westfield Health has a defined target claim and combined ratio. Product pricing is based on this underwriting objective.

Sales channels

Westfield Health has a combination of individual and group business, and sells to each of these customer groups both directly and through brokers. This variety of customers leads to a wider range of behaviours which mitigates behavioural risks.

Claims rules

The usual 13-week claim period for policyholders to submit cash plan claims mitigates the risk that there is a significant volume of incidents outstanding which have not been claimed, thus reducing the reserve risk. The claims reserve model monitors deviations between estimated and actual claims.

Claim monitoring

Westfield Health uses a range of manual and automated processes to detect fraudulent or invalid claims. Rates of potentially invalid claims are tracked to assess the effectiveness of these processes.

Monitoring, pricing and product design

As noted above, results are regularly monitored against expectations. Insights from this monitoring are used to inform Westfield Health's regular reviews of pricing, contract terms, and benefit limits, to ensure that real, sustainable value is being provided to all customers.

Risk sensitivity, stress and scenario testing

Westfield Health's ORSA looks at the total monthly and quarterly fluctuations in claim experience, separately for private health insurance and health cash plan business. These will include seasonal, random and behavioural/anti-selective fluctuations related to both types of business.

These "regular" fluctuations give an indication of the likely impact of more exceptional deviations for any of the above reasons.

The Health Insurance risk module of the Solvency Capital Requirement at the year-end was £10.2m. Westfield Health's **internal estimate** of a severe fluctuation in the claim ratio is significantly lower than this and therefore £10.2m is considered a highly prudent assessment of Westfield Health's sensitivity to severe adverse claims patterns.

C.2. Market risk

Risk assessment measures

Market risks are measured through the following metrics and reported regularly to the Investment Committee, both at a detailed and an aggregate level:

- Asset allocation and performance compared to benchmarks; and
- Losses for the current portfolio under specific stresses.

The measures were updated during the year to focus on key metrics that provided clear and insightful information to the committee.

Description of material risk exposures

Movement in equity markets, interest rates, credit spreads or other financial market movements can lead to losses in Westfield Health's **investment portfolio**. Any gains or losses arising on market movements remain unrealised until the investment is sold, when they become realised. These risks have remained the same throughout the year.

Investment assets and the prudent person principle

The **"prudent person principle" of Solvency II** is that insurers should select investments so that the portfolio as a whole has appropriate levels of security, liquidity and profitability, and that they should properly understand and manage the risks of all their investments. Westfield Health implements this requirement through its Investment Policy.

The Investment Policy specifies:

- A risk/return objective. Westfield Health's **investments are "tiered" by target risk and return**. These are aggregated to give an overall risk/return objective, whilst ensuring that a significant proportion of assets are invested in very low-risk investments;
- Strategic asset allocations for each tier to prevent excess concentration in any one asset class;
- Concentration limits for any one investment counterparty;
- Risk and return reporting requirements; and
- The selection of managers for each asset class.

Westfield Health's portfolio is diversified between asset classes with a particular focus on reducing **"correlation"** - the extent to which all of Westfield Health's **assets respond in the same way to a** market shock. The impact of a range of shocks is regularly modelled and monitored by the Investment Committee. Benchmarks have been approved within the Investment Policy which formalise the cautious balance between acceptable risk and return for Westfield Health's **investment portfolio**.

Specialist managers are used for each fund/portfolio. Throughout the year an investment consultant was also engaged to provide investment risk management advice.

Risk concentration

Westfield Health does not have any identified material risk concentrations in its investment portfolio.

Risk mitigation

The key risk management approaches are set out under "prudent person principle" above; their effectiveness is assessed by tracking the measures set out above under "risk measurement".

Westfield Health has no appetite to use derivatives directly; asset managers may use derivatives for the purposes of risk management and efficient portfolio management. Several of Westfield Health's funds are hedged back to sterling by the relevant fund managers; all fund **managers' performance is** measured against sterling benchmarks.

Risk sensitivity, stress and scenario testing

Westfield Health's **ORSA report includes an extensive section on stress and** scenario analyses related to market risks.

These include the impact of equity market movements, interest rate and spread changes, currency market movements and changes in property markets.

In its balance sheet modelling, Westfield Health has also modelled the impact of a severe recession, in which:

- Equities and property fall by 20% and produce no yield for 3 years;
- Bonds fall by 10% and produce no yield for 3 years;
- Net policyholder numbers fall by 27% over 3 years; and
- Claims inflation doubles whilst pricing pressure does not allow any price increases during the 3-year period.

Westfield Health's **reserves are sufficient to allow several years to adjust to such a scenario** without breaching capital requirements.

The market risk module of the Solvency Capital Requirement, reflecting a **"one-in-two-hundred year"** shock, was £17.3m, accounting for the majority of Westfield Health's **Solvency Capital Requirement**.

C.3. Credit risk

Risk assessment measures

Credit checks are undertaken on suppliers and credit ratings are periodically reviewed for major financial partners (such as banks).

Policyholder debtors are reviewed and overdue balances investigated.

Description of material risk exposures

Westfield Health does not have material exposure to credit risk other than its banking relationships, which are mitigated by holding cash with reputable banks, whose credit ratings are regularly monitored.

Some premiums are collected on Westfield Health's **behalf by** an intermediary; these are paid over on a monthly basis and there is never a material balance owing. Policyholder debtors are low in value.

Investment assets and the prudent person principle

As disclosed above, Westfield Health's **Investment Policy limits its** exposure to any one financial institution.

Risk concentration

As above, Westfield Health's **only material credit risk arises from its banking relationships**. These are not considered so material as to give rise to a material concentration of credit risk.

Risk mitigation

Westfield Health's **key mitigation for credit risk is to maintain a low exposure**. If the risk assessment measures described above suggest significant credit risk, actions are taken to reduce the risk in a manner proportionate to the risk identified.

As part of its liquidity management, Westfield Health has an upper limit for the value of cash holdings. This is partly in order to ensure that surplus cash is invested to generate returns; it also serves to limit losses in the unlikely event of the failure of a current account provider. Deposit investments are also subject to concentration limits and regular credit checks.

Risk sensitivity, stress and scenario testing

As described above, credit risk is not considered sufficiently material to include in Westfield Health's stress testing programme.

The counterparty default risk element of the Solvency Capital Requirement was £0.8m, primarily driven by the deposits held with banks at year end.

C.4. Liquidity risk

Risk assessment measures

The Finance department prepares a regular cash flow forecast to allow cash to be managed efficiently, comparing anticipated cash requirements to available cash to manage liquidity.

Forecasting and monitoring of historic cash flows allows an estimate of the maximum realistic cash which may be required over a given period and hence exposure to liquidity risk.

Description of material risk exposures

Liquidity risk could arise from a failure to ensure cash is available to meet claims, investment and operational cash flows, or if an expected cash inflow (e.g. a premium collection) fails.

Westfield Health usually requires all health cash plan claims to be submitted within 13 weeks of being incurred; the aim is to process claims promptly upon receipt. The nature of the insurance written by Westfield Health therefore means that liquidity risks are mainly short-term.

Investment assets and the prudent person principle

As discussed under "risk mitigation" below, the Investment Policy requires a high proportion of investments to be liquid in nature with restrictions on investments which are less liquid.

Risk concentration

The only identified concentration of liquidity risk is that Westfield Health uses a single bank for current account provision. Westfield Health has access to a separate bank in the event of any issues experienced by the main banking provider.

Risk mitigation

Westfield Health aims to hold at least half of **one month's average gross premium income** over and above its working capital requirements in cash. This is estimated to be enough to allow for unexpected fluctuations and large cash outflows.

At present Westfield Health's **insurance liabilities are predominantly very short-term**; therefore the risks associated with asset-liability mismatches arise from asset liquidity.

The liquidity profile of Westfield Health's **investments** is regularly reported as part of the investments management information. Any investment into assets with liquidity periods beyond twelve months is specifically authorised by the Investment Committee and advised to the Risk Committee.

A minimum of two month's gross premiums is held in assets with a liquidity term of a maximum of one month in order to allow for severe unexpected cash flows. Where breaches of this are anticipated, the Risk Committee must be notified immediately (via the Financial Controller) by the Chair of the Investment Committee, and a written plan on how the matter is to be resolved provided as soon as reasonably practical.

Expected profits in future premiums

Expected profits in future premiums are not a material factor for Westfield Health's **liquidity** management; as at 31 March 2020 their value was nil.

Risk sensitivity, stress and scenario testing

Given the nature of Westfield Health's **insurance business, its high cash holdings and the liquid nature** of its investments, long-term liquidity risk is not considered material. The liquidity requirements above were set on the basis of modelling the situation if a major cash inflow - such as a premium collection - fails. The minimum acceptable cash balance is based on Westfield Health's **maximum "typical" cash outflow over a two-week period**, as it may take up to two weeks to liquidate assets or get additional funding arranged in the case of a major cash inflow failing. These requirements are reviewed as part of the ORSA process.

C.5. Operational risk

Risk assessment measures

Operational risks are recorded on Westfield Health's **Risk Register**. **Key risk areas and themes** from the risk register are assessed in more detail as part of the ORSA process.

Westfield Health's **risk appetite** measures operational risk exposure and appetite against metrics including:

- Direct financial cost;
- Business interruption and lost time;
- Staff turnover and absenteeism;
- Reputation; and
- Regulatory breach.

Description of material risk exposures

Key risk areas include:

COVID-19

Most of the risks below have been negatively accentuated by the unprecedented effect of the global pandemic on the economy. Business continuity planning came into effect before the end of March and the Group began operating remotely from homes and all gyms were closed (which included those operated by Working Health and the new High Five acquisition) in accordance with government advice. The Group initiated its work from home plan and continues to do so into the new financial year. The IT and risk departments have focussed on ensuring that operations continue under an appropriately robust control environment. A review of the changes to normal working practices as a result of the COVID-19 is being undertaken by the risk and internal audit functions of the Group. A COVID-19 task force comprising senior members of staff was created and additional meetings with **Board members have taken place to discuss the issues raised by the pandemic and Westfield's** response to them.

Economic environment

A recession has an impact on economic growth and all discretionary spending thus rendering Westfield Health products vulnerable to the economic shock that a recession brings. The UK is now officially in a recession, realising this risk. **Westfield's** products have historically fared relatively well during a recession and the fact that this recession is a direct result of a global health pandemic gives optimism that a strong bounce back opportunity can be created. That being said, attrition for insurance will likely go up and any potential growth in the market will be considerably harder to achieve. Westfield Health plans for a recession in the ORSA and other modelling and thus has various contingency plans in place, it is however not possible to completely obviate the negative impact a recession would have on the budgeted business model.

Investment management risks

The risk of adopting an inappropriate investment strategy or inadequate implementation and management of the chosen investment strategy. Investing in assets with a higher risk profile than expected or a lack of management controls could result in unexpected losses to the business.

The portfolio is diversified between asset classes with a particular focus on reducing “correlation” - the extent to which all of the Group’s assets respond in the same way to a market shock. The impact of a range of shocks is regularly modelled and monitored by the Investment Committee and Risk Committee. Benchmarks have been approved which formalise the cautious balance between acceptable risk and return for the Group’s investment portfolio within the Group’s investment policy. Segregation of duties, multiple signatories on investment accounts and multiple stages of review mitigate the risk of inadequate implementation and management of the investment portfolio.

FX exposure

The group now has greater exposure to FX movements due to the operations of High Five in continental Europe being undertaken in Euro. Fluctuations in exchange rates will result in FX gains or losses as the performance in Euro is translated into Sterling for Group reporting requirements.

The European subsidiaries are intended to operate independently therefore any repatriation of profits can be timed to minimise the realisation of FX losses.

Insurance Premium Tax (IPT) increases

The threat of IPT increases remains and the likelihood of these increases are outside of Westfield Health’s control. **The government raising the rate of IPT as a response to prevailing economic conditions is an increasingly likely scenario.** Other mandatory insurance rises due to IPT may reduce client appetite for discretionary insurance products including health insurance.

Westfield Health has considered the impact on policyholders of an increase of IPT and how or when this would be passed on to policyholders through scheme changes. An IPT Working Group has been established for multiple scenario analyses and contingency planning.

Given the disparity of IPT charges on health insurance across Europe and the positive benefits that cash plans provide to the UK healthcare system, it would appear unfair to raise the cost to the end consumer following further rate increases. Therefore, Westfield Health are working with trade bodies who lobby the Government on the issue of charging IPT on health insurance.

Business strategy

This risk entails senior management setting the wrong strategy or being unable to execute the right strategy. As the Group continues to widen its offering in the growing Health & Wellbeing market, both organically and through acquisitions, it is important to recognise the need for an appropriate strategy to ensure strategic alignment across the Group. There is also a risk that key decisions are made with a short-term rather than long-term view at the expense of long-term strategy goals which means that they may not be achieved or only partially achieved. This risk has grown in impact due to

the acquisition of the High Five group of companies which means that there is now a cross European focus in Westfield when previously it only had UK operations.

Key management information is shared with the Board on a monthly basis. The Board also regularly **meets to review the Group's business planning and strategy development. This includes the review** of detailed budgets for the next five years and higher level planning for the next six to ten years, including the impact of the strategy on capital and solvency requirements. Department functional plans aligning reward with strategy deliverables are reviewed and prioritised as part of the development of the strategic plans, to ensure that the business is focussed on delivering the right projects and prioritising appropriately. There is governance from various committees as part of the decision making process including the Investment Committee and the Underwriting Steering Group. There is a long-term HR strategy in place to support the delivery of strategic objectives.

New IT system

Significant resource and business energy is being invested into the creation of a new digital platform. Due to the overall scale of the project to deliver the new system there are a number of risks:

- Implementation takes longer, costs more or fails to provide the correct functionality needed by the business;
- The new system is developed to match historical activities rather than current and future requirements;
- Promised improvements do not manifest themselves in terms of financial benefit and operational efficiency;
- Historical data migration does not occur or is corrupted, negatively affecting the efficacy of actuarial review

To mitigate the risks:

- Multiple points of control and review have been implemented across different stakeholders in the business from the board, through Finance and Operations. Additionally, external review and advice at key milestones is being sought.
- Adopting agile principles to the management of the project means the risk of a total project failure is significantly reduced, but more work and investment may be required to get to a satisfactory critical mass of functionality. However, embracing the principle of continual improvement and re-usable and replaceable modules helps mitigate the risk.
- A team of delivery managers are tasked to work closely with business stakeholders to define current and future requirements and agree business simplification where possible.

Cyber security and data incidents

IT failures could lead to significant issues, for example system downtime, lost productivity and data **corruption, theft or loss. Cyber security is a key focus and is high on the Board and Risk Committee's** agenda. The Group operates a process of continuous improvement of its systems and processes to maintain the confidentiality, integrity and availability of business information systems and data through the Information Security Management System (ISMS) which is certified to the ISO27001 standard. The Group also has comprehensive cyber-insurance.

As all employees are currently working from home this may increase the likelihood of a data breach incident as the potential for interception of data increases when working off the Group estate. Accordingly, improved email security has been installed, replacing ProofPoint with Mimecast eMail security. Email is a key contributor to data loss and malware attacks and the Targeted Threat Protection (TTP) provided by Mimecast assists in eradicating common end-user related mistakes (phishing, spoofing, clicking bad links, dangerous attachments etc.) Additionally, further investment is being sought to add enhanced protection via Security Incident & Event Management software (SIEM) to proactively monitor and block malicious intrusion attempts. Mobile Device Management software will also be used to prevent data loss on mobile devices.

The entire IT infrastructure is located at specialised co-located data centres for additional resilience (Sheffield & Leeds), in addition Cloud services are utilised where appropriate. The replacement administration system being developed is entirely cloud hosted to satisfy resilience and scalability requirements. A business continuity/disaster recovery plan, including a backup data centre and business continuity location, is in place. The IT infrastructure and application security and resilience are under constant review and are periodically tested by independent specialists. All staff working from home are using equipment issued by the Group, secure logins and use of a corporate provided Virtual Private Network (VPN) which ensures a secure connection to Westfield systems

Insurance risks

Plans are priced based on existing underwriting experience data, with validated key assumptions and pricing methodology. If policyholder behaviour or healthcare costs change, there is a risk that premiums will not be sufficient to meet claims - or that premiums will prove excessive, which is not in the best interests of policyholders.

In order to protect the stability of underwriting margins, claims trends are actively monitored on an ongoing basis to identify any significant changes in claims experience and allow prices to be adjusted accordingly. Westfield Health continues to invest in underwriting data mining and analytics which will further enhance the **company's** insurance risk management capabilities.

Key personnel

There is inevitably a degree of reliance on key personnel, whose departure could increase the risk that core processes may not operate correctly. There can be key person dependency in some areas where experience/knowledge is very difficult to replace in the short to medium term. There is also the risk of people retiring who have key skills, knowledge and experience

This risk is mitigated by strong leadership, staff development and coaching and training strategies. Succession planning continues to be developed across the Group, both at Board level and for operational staff. Documentation of core processes is performed so that they can be undertaken by other members of staff if necessary. There is staff grading across the business to ensure gaps are found and filled, there is a remuneration committee and the Executive Leadership Team are on 3-6 months notice periods.

Suppliers and counterparties

Failure of a supplier or counterparty could lead to financial or other loss for the company or its customers. Credit risk exposure in the investment portfolio is managed by imposing a limit on the total exposure to individual counterparties. All significant suppliers and counterparties are credit checked. For key suppliers, regular performance and credit monitoring takes place and contingency plans are developed to mitigate the consequences of supplier failure. The contracts register is centrally held and is reviewed and updated regularly. In light of COVID-19, procedures have been undertaken more frequently than usual to review the resilience of our key suppliers and the potential impact of the market disruption on them.

Liquidity

The Company needs to ensure that it has sufficient liquid resources to meet its liabilities as they fall due. Claims and day-to-day expenses are broadly matched with premium income. However, claims do show some volatility leading to some unpredictability in cash outflows. To mitigate this risk, the Company holds sufficient excess cash to cover all but the most extreme variances and the majority of the **Company's investments can be liquidated within one week. To ensure that an appropriate level** of cash is retained, regular cash flow and liquidity modelling is undertaken.

Regulation

Regulation is constantly evolving and regulatory breaches could have serious consequences for the Company including fines, reputational damage and potentially even loss of permission to operate. All

of Westfield Health's major regulators have indicated they neither expect nor want wholesale changes to regulation as a result of the UK's exit from the EU; however this cannot be taken for granted. Changes to the regulatory environment are monitored carefully and regularly work with outside experts to review specific areas of Westfield Health's regulatory compliance.

New staff are given Insurance Distribution Direction (IDD) training and yearly refreshers for existing staff are carried out. It ensures that consumer protection is enhanced when buying insurance and supports competition between insurance distributors by creating a level playing field. Compliance with the Regulators' Senior Managers and Certification Regime which enhances the Approved Persons Regime has also been maintained.

Data protection

As a health insurance provider the Company holds a significant amount of personal data, some of which is classified as special category data. Compliance with Data Protection obligations continues to be a priority for the Group. All new starters undergo data protection training as part of their induction process and this is further supplemented by refresher training and competency testing on a regular basis. A Data Protection Officer has been appointed, as required by the regulation, to ensure legal obligations are continually met. There are ongoing audits to assess data protection from an accredited third party as well as work done by internal audit.

Customer experience

The company's customers have come to expect an excellent customer experience with Westfield Health. If this is not delivered the company's relationship with customers would be compromised, leading to loss of business. The COVID-19 pandemic has reduced customer contact activity and the customer service teams are coping well. All contact methods utilised prior to COVID-19 other than face to face meetings have remained operational throughout the lockdown period.

Westfield Health has adopted a number of time based quality standards in respect of its primary operations. The performance against standard as well as the Net Promoter Score is reported internally on a monthly basis and every year the company prepares a formal performance statement on its achievement of these standards.

UK leaving the EU (Brexit)

Whilst the direct impact of Brexit on the Group's business strategy is deemed to be limited, indirect impacts and increased uncertainty within the UK economy are expected to negatively influence the Group's marketplace in all Brexit scenarios. All current principal risks and uncertainties may be exacerbated by the UK leaving the EU. **The immediate "no deal" scenario the UK faced at the end of January 2020 didn't crystallise** however the new deadline for a trade deal at the end of December 2020 when the UK leaves the transition period may not be met. The Group now has operations in continental Europe which could lead to operational issues if no agreement is reached on the trade deal and terms within the agreement, including for example taxation policy, could lead to greater costs or regulatory burdens.

The market environment is continually assessed as part of business strategy planning.

Investment assets and the prudent person principle

This is not relevant for operational risk.

Risk concentration

Westfield Health does not believe that it has any significant concentrations of operational risk.

Risk mitigation

The key mitigation for operational risk is operational controls, including the culture and control environment of Westfield Health. Westfield Health's **Risk Committee** receives regular reports on key operational risk exposures; the internal audit function also reviews operational risk areas as it considers appropriate. There is also a framework for identifying, reporting and escalating operational risk incidents.

The only "risk mitigation" (other than operational controls) used by Westfield Health for operational risk is the purchase of certain insurances such as **employers' liability**, property, and motor insurance.

Risk sensitivity, stress and scenario testing

Westfield Health has quantified the financial impacts of the key operational risks noted above in its ORSA. Westfield Health has also considered hypothetical scenarios including a major operational incident leading to significant loss of customers, regulatory sanction and reputational damage. An event of this nature would cause significant financial loss - and would reflect a breach of trust with key stakeholders - but does not pose a threat to Westfield Health's **solvency**.

C.6. Other material risks

Pension Funding Requirements

Westfield Health has a defined benefit pension scheme which closed to future accrual as at 31 March 2016. The last full actuarial valuation was performed as at 31st March 2018 and showed a surplus of £2.1m. The defined benefit pension scheme shows a surplus of £2.8m as at 31st March 2020 under the FRS 102 valuation (2019: £2.9m). The closure of the scheme to future accrual significantly reduces the expected cost of providing benefits in the future. Changes in financial market conditions, actuarial assumptions, regulatory requirements, and other factors can all result in changes to the funding requirements for this scheme.

The pension scheme has a professional trustee, who is actively involved with the company to ensure that the scheme is adequately funded and appropriately managed.

D. Valuation for solvency purposes

General

Solvency II requires assets and liabilities to be valued on a market-consistent basis whilst Westfield Health's financial statements are prepared on the basis of UK GAAP (FRS102 and FRS103). This is largely, but not entirely consistent with Solvency II and therefore certain adjustments are required in order to comply with the requirements of Solvency II.

The following table sets out the key differences between Westfield Health's Solvency II balance sheet and that provided in the statutory financial statements. The full Solvency II balance sheet is presented in template S.02.01.02 in Appendix 1.

Summary balance sheet as at 31 March 2020 on Solvency II and statutory accounts bases

	Statutory accounts value £'000	Solvency II value £'000	Difference £'000
<i>Assets</i>			
Intangible assets	2,861	-	(2,861)
Pension benefit surplus	2,823	2,823	-
Property, plant & equipment held for own use	9,408	8,158	(1,250)
Investment Property	4,077	4,077	-
Investments in related undertakings	6,034	6,083	49
Equities	5,888	5,888	-
Bonds	8,060	8,130	70
Collective Investments Undertakings	22,389	22,394	5
Deposits other than cash equivalents	3,885	3,885	-
Receivables	2,126	1,687	(439)
Cash and cash equivalents	7,658	7,658	-
Total assets	75,209	70,783	(4,426)
<i>Liabilities</i>			
Technical provisions	2,750	3,204	454
Deferred tax liabilities	910	910	-
Payables	4,031	4,031	-
Total liabilities	7,691	8,145	454
Excess of assets over liabilities	67,518	62,638	(4,880)

D.1. Assets

Value

The value of each material class of assets is set out in the Solvency II balance sheet, presented in template S.02.01.02, and summarised above.

Recognition and valuation bases, assumptions, judgements and differences

Intangible assets

Westfield Health holds software licences which are not transferable. Under UK GAAP, these are recognised at cost, less amortisation, less impairment. Under Solvency II, these are valued at £nil on the Solvency II balance sheet as they are not considered readily convertible to cash.

This has the effect of decreasing intangible assets by £2,861k to £nil.

Pension Benefit Surplus

Westfield Health maintains a defined benefit pension plan that is closed to future accrual as well as a defined contribution pension plan for eligible employees. The valuation of the pension plan is consistent between the financial statements and Solvency II.

Defined benefit pension plan

The liabilities and, where applicable, the assets of the defined benefit plan are recognised at fair value in the balance sheet. An updated valuation for accounting purposes is performed annually by a qualified actuary using the projected unit credit method with a full valuation for funding purposes **conducted every three years by the defined benefit plan's appointed actuary.**

Property plant and equipment held for own use

Plant and equipment has been valued at nil on the Solvency II balance sheet, as their market value is not practical or cost-effective to estimate and the Solvency II regulations do not permit the use of depreciated cost.

Property held for own use is valued on the basis of estimated market value, less accumulated depreciation since the most recent valuation (Westfield House was last valued at February 2020), in the financial statements. The economic shutdown in March 2020 as a result of COVID-19 provides an unprecedented set of circumstances on which to base a judgement for valuation. The valuers have **therefore issued their report on the basis of 'material valuation uncertainty' as per VPS 3 and VPGA 10** of the RICS Red Book Global and note that a higher degree of caution should be attached to the valuation than would normally be the case. The directors have reviewed this and consider it appropriate to use the valuation from February 2020 in the financial statements, it is deemed to be reflective of the value as at March 2020 notwithstanding the inherent uncertainty arising from the economic situation caused by COVID-19.

The Solvency II balance sheet requires these assets to be valued at an estimated market value; therefore accumulated depreciation has been added back.

These changes have the net effect of decreasing the value of property, plant and equipment held for own use by £1,250k to £8,158k.

Investment Property

Investment properties are properties which are held either to earn rental income or for capital appreciation or for both. Investment properties are measured at cost at initial recognition. The cost of a purchased investment property comprises its purchase price and any directly attributable expenditure such as legal and brokerage fees, property transfer taxes and other transaction costs. Subsequently investment properties are held at fair value. A full valuation is obtained from a qualified valuer for each property every three years, with an internal review of carrying value undertaken in the intervening years. This basis is consistent between the financial statements and the Solvency II balance sheet. As per property held for own use, although there is material valuation uncertainty following the COVID-19 outbreak, the directors consider the valuation from February 2020 to be appropriate for the financial statements.

Investments in related undertakings

For its financial statements, Westfield Health measures its investments in associates and subsidiaries at cost less any accumulated impairment losses. For the Solvency II Balance Sheet, Westfield Health **measures its investments in associates at Westfield Health's** share of the net assets of the associate, measured on a Solvency II basis.

This has the effect of increasing investments held in related undertakings by £49k to £6,083k.

Investments - Equities, bonds and other financial investments

Differences between financial statements and Solvency II balance sheet

Westfield Health's accounting approach for its investments is consistent between the audited financial statements and Solvency II, with the following exceptions:

- For the financial statements accrued interest on bonds is included within receivables; under Solvency II this accrued interest is included in the valuation of the bond. This has the effect of increasing investments in bonds and equities by £70k and decreasing receivables by the same amount.
- For the financial statements listed assets are recognised at bid market price; for Solvency II they are recognised at mid market price. This has the effect of increasing investments in collective investment undertakings by £5k.

Apart from the differences mentioned above, the SII valuation and recognition of investments follows the FRS 102 treatment as per the financial statements:

Recognition

The asset values of investments are recognised when Westfield Health becomes a party to the contractual provisions of the instrument. They are derecognised only where the contractual rights to the cash flows from the instrument expire or the instrument is sold or transferred and the sale or transfer qualifies for de-recognition.

Fixed income securities

Fixed income securities are measured initially at fair value, which is the transaction price less attributable transaction costs. Subsequent to initial recognition investments are measured at fair value.

Investments in equity instruments

Investments in equity instruments are measured initially at fair value, which is the transaction price less attributable transaction costs. Subsequent to initial recognition investments are measured at fair value.

Deposits with credit institutions

Cash deposits are measured at fair value which is the cash deposit value plus accrued interest.

Cash

Cash comprises cash balances which are repayable on demand. They are measured at fair value.

Unlisted Investments

Unlisted Investments in real estate funds are valued in line with the net asset valuation of the fund as communicated by the fund manager. Unlisted Investments in bonds and shares which are not tradable on quoted listed markets are measured at cost which is deemed to represent fair value.

Fair value measurement and valuation hierarchy

FRS 102 fair value measurement establishes a fair value hierarchy that categorises into three levels the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets (level 1 inputs) and the lowest priority to unobservable inputs (Level 3 inputs).

- Level 1: quoted prices in active markets for identical assets;
- Level 2: inputs other than quoted prices included within Level 1 that are observable for the asset e.g. Price of a recent transaction for an identical asset;
- **Level 3: valuation technique to be used to determine arm's length price for the asset.**

Listed investments totalling £34,828k are stated at mid-market price on the Solvency II balance sheet and are all based on Level 1 inputs.

Deposits with credit institutions, £3,885k, are all due within 6 months. The carrying value is a reasonable approximation of fair value under Level 1 inputs.

Unlisted investments consist of an investment in an unlisted real estate fund of £1,489k and other small bond and shareholdings totalling £20k. These are based on appropriate valuation techniques which are categorised as Level 3 inputs.

Receivables

Receivables comprise policyholder debtors, prepayments and other trade receivables, and intra-group loans. All of these are short-term receivables so the carrying value is considered a reasonable approximation to the fair value; the valuation of these is therefore consistent between the financial statements and the Solvency II balance sheet with the exception of the following:

- For the financial statements accrued interest on bonds is included within receivables; under Solvency II this accrued interest is included in the valuation of the bond. This has the effect of increasing investments in bonds and equities by £70k and decreasing receivables by the same amount.
- Westfield Health holds software licences which are not transferable, some of which are included under prepayments. Under Solvency II, software licences not recognised on the Solvency II balance sheet. This has the effect of decreasing receivables by £369k.

Level of uncertainty

Westfield Health considers that its asset valuations are mostly subject to a low level of uncertainty. As mentioned above, the economic shutdown in March 2020 as a result of COVID-19 however provides an unprecedented set of circumstances on which to base a judgement for valuation of properties. The valuers of Westfield House **have therefore issued their report on the basis of 'material valuation uncertainty' as per VPS 3 and VPGA 10 of the RICS Red Book Global and note that a higher degree of caution should be attached to the valuation than would normally be the case.** The directors have reviewed this and consider it appropriate to use the valuation from February 2020 in the financial statements for both property plant and equipment held for own use and investment property. The valuation is deemed to be reflective of the value as at March 2020 notwithstanding the inherent uncertainty arising from the economic situation caused by COVID-19.

COVID-19 also impacted the carrying value of the High Five group of companies within the financial statements. **A £4.4m impairment was included in Westfield Health & Wellbeing Limited's balance sheet** in relation to its investment in High Five, leaving a carrying value of £4.6m. This was deemed prudent given the uncertainty over the impact that COVID-19 will have on the operations of High Five.

The only other significant uncertainty is around the valuation of the pension scheme surplus. Key assumptions underlying the liability component are selected with the assistance of an appropriate qualified actuary and the liability is valued in line with accounting standards; as noted above changes in assumptions can have a significant impact on the valuation of the scheme.

D.2. Technical provisions

Value and valuation method

Westfield Health only underwrites one line of business (health insurance); the value of technical provisions, split out into best estimate and risk margin, is set out in the Solvency II balance sheet, presented in template S.02.01.02 and are set out below:

Gross Technical Provisions	Statutory accounts value £'000	Solvency II value £'000	Difference £'000
Claim provision	2,286	2,805	519
Premium Provision	464	(293)	(757)
Risk Margin	N/A	692	692
	2,750	3,204	454

Valuation method

Best estimate claims provision

Claims reported but not paid at the balance sheet date are included based on claims settled after the reporting date. This method is the same for Solvency II and the financial statements.

Claims incurred but not reported at the balance sheet date are estimated based on statistical projections from Westfield Health's **experience over the most recent 12 months, with appropriate adjustments** made for identified anomalies in the data. This method is the same for Solvency II and the financial statements.

Administrative costs for the claims provision are calculated on a different basis for Solvency II and the financial statements. The financial statements include a provision for the cost of handling claims only. The Solvency II claims provision is required to include a provision for related administrative expenses, acquisition costs and overheads. For the Solvency II balance sheet this is calculated on the basis of administrative costs as a percentage of annual claims cost. This results in an increase in the best estimate claims provision of £519k from £2,286k to £2,805k.

Best estimate premium provision

In the financial statements, technical provisions comprise the best estimate claims provision (as above), premiums received not yet earned, and premium rebates due to customers under surplus share agreements.

On the Solvency II balance sheet, the premium provision consists of an estimate of the following items for contracts bound at the reporting date, up to their contract boundary:

- Premiums to be earned
- Claims to be paid
- Other expenses to be paid in relation to these contracts, as described for the claims provision.

The contract boundary for monthly renewable contracts is treated as one month after the reporting date. For annual contracts it is treated as the date of renewal of the contract; it is assumed that all contracts entering into force in the first month following the reporting date were bound before the reporting date.

Each element of the premium provision is calculated on the basis of budgeted income and expenditure; experience indicates that Westfield Health's **business is highly predictable and material** variances from budget are rare.

For the financial statements, the premium provision has a value of £464k; for the Solvency II balance sheet this value an asset of £293k, a difference of £175k.

Risk margin

The Risk Margin is not a concept used under UK GAAP and so does not appear in the financial statements. Its aim is to quantify the amount, in excess of the best estimate, which Westfield Health would have to pay a third party to take on its insurance obligations to compensate for the uncertainty in the best estimate.

The very short duration of Westfield Health's **technical provisions means that the calculation is** relatively straightforward as the technical provisions are extinguished within 12 months of the reporting date.

It is calculated using the Standard Formula Solvency Capital Requirement for a hypothetical insurance company which has:

- No market risk
- Immaterial counterparty default risk
- Net premium income last year matching that of Westfield Health, with estimated premium income next year being the estimated cash inflows associated with the technical provisions
- Net best estimate claims provision matching Westfield Health
- Health catastrophe risk matching that of Westfield Health

This Solvency Capital Requirement is multiplied by the Cost of Capital, defined by the European Commission as 6%, to give a risk margin of £692k.

The combined impact of all of these adjustments is an increase of £454k in technical provisions from £2,750k in the financial statements to £3,204k for the Solvency II balance sheet.

Level of uncertainty

Westfield Health considers that its technical provisions are subject to a low level of uncertainty. Technical provisions are low in value compared to annual premiums; claims are high-volume, low-value and are considered highly predictable. By the time of audit of the financial statements most technical provisions are extinguished allowing a high level of confidence in their value.

Adjustments

Westfield Health does not apply either a matching adjustment or a volatility adjustment to its technical provisions; neither does it apply any transitional measures in their calculation.

Other disclosures

Changes in assumptions

No material changes have been made in the assumptions used to calculate technical provisions compared to the previous reporting period.

D.3. Other liabilities

Value

The value of each material class of liabilities is set out in the Solvency II balance sheet, presented in template S.02.01.02.

Valuation bases

Deferred tax

There is no difference between the valuation of deferred tax in the Solvency II balance sheet or the financial statements balance sheet.

Deferred tax is provided on timing differences which arise from the inclusion of income and expenses in tax assessments in periods different from those in which they are recognised in the financial statements. The following timing differences are not provided for: differences between accumulated depreciation and tax allowances for the cost of a fixed asset if and when all conditions for retaining the tax allowances have been met; and differences relating to investments in associates to the extent that it is not probable that they will reverse in the foreseeable future and the reporting entity is able to control the reversal of the timing difference. Deferred tax is not recognised on permanent differences arising because certain types of income or expense are non-taxable or are disallowable for tax or because certain tax charges or allowances are greater or smaller than the corresponding income or expense.

Deferred tax is provided in respect of the additional tax that will be paid or avoided on differences between the amount at which an asset (other than goodwill) or liability is recognised in a business combination and the corresponding amount that can be deducted or assessed for tax.

Deferred tax is measured at the tax rate that is expected to apply to the reversal of the related difference, using tax rates enacted or substantively enacted at the balance sheet date. For non-depreciable assets that are measured using the revaluation model, or investment property that is measured at fair value, deferred tax is provided at the rates and allowances applicable to the sale of the asset/property. Deferred tax balances are not discounted.

Unrelieved tax losses and other deferred tax assets are recognised only to the extent that it is probable that they will be recovered against the reversal of deferred tax liabilities or other future taxable profits.

Other liabilities

The nature of all of Westfield Health's other liabilities are trade payables. All of these are short-term payables so the carrying value is considered a reasonable approximation to the fair value; the valuation of these is therefore consistent between the financial statements and the Solvency II balance sheet.

Westfield Health does not have any contingent liabilities.

D.4. Alternative valuation methods

As noted in D.1., Westfield Health has £20k of unlisted investments in bonds and equities held at cost. This valuation is the directors' best estimate and is considered proportionate to the small value of these investments.

D.5. Other information

Westfield Health does not have any other information to disclose regarding its valuation methods.

E. Capital management

E.1. Capital management and availability of capital

Objectives, policies and processes

All of Westfield Health's **capital originates from retained earnings**. The Board recognises the importance of maintaining adequate solvency to ensure the long-term stability of Westfield Health.

While the Board recognises that having significant capital reserves is particularly beneficial in times of market and economic uncertainty, such as the current COVID-19 pandemic, it also acknowledges that holding excessive reserves can be an inefficient use of **policyholders' funds**. The Board intends that Westfield Health should hold a minimum of 150% of its Solvency Capital Requirement (on a Solvency II basis) **under any "base case" financial model, and a minimum of 125% of its Solvency Capital Requirement under any reasonably foreseeable adverse scenario**.

The balance sheet model is run over a ten-year period. The level of detail in the forecast decreases from a fully detailed budget for the first three years; management prepares estimates for the next two years; trends are then extrapolated for the final five years to provide an indication of the possible **position in ten years' time**.

There have been no changes to the capital management policies and objectives during the reporting year.

Structure, amount and quality of own funds

Westfield Health has no shareholders and no debt so the capital in the financial statements comes from retained earnings. The excess of assets over liabilities on the Solvency II balance sheet forms **the "reconciliation reserve"; this reconciliation reserve constitutes all of Westfield Health's "own funds" for Solvency II reporting purposes**.

Under Solvency II, own funds are classified into three tiers according to their ability to absorb losses, and only a limited proportion of own funds from lower tiers can be used to cover the Solvency Capital Requirement or Minimum Capital Requirement.

All of Westfield Health's **capital, shown in the Solvency II balance sheet, is "tier one"** - the highest quality capital - and is eligible to cover both the Solvency Capital Requirement and the Minimum Capital Requirement. As at 31 March 2020, Westfield Health has no deferred tax assets, which would **be classed as "tier three" capital** - the lowest quality capital.

Transitional arrangements

Westfield Health **has no spread or concentration risk arising from exposures to EU member states' or central banks' debt which is denominated in a currency other than the state's own currency**. Therefore the transitional arrangement in Article 308b(9) of the Solvency II directive is not relevant.

For March 2020 Westfield Health chose to no longer apply the transitional rate to the equity shock as allowed in Article 308b(10) of the Solvency II directive. The transitional rate no longer had a material impact on the Solvency Capital Requirement as the asset base that the transitional rate was applicable to was smaller as assets within funds had been turned over and the transitional rate was nearing the full rate.

Other factors affecting own funds

Westfield Health has no ancillary own funds and no items have been deducted from own funds.

E.2. Capital requirements

Capital requirements

Solvency II defines two capital requirements. The Solvency Capital Requirement is an estimate of enough capital to survive a “one-in-two-hundred year” shock; the Minimum Capital Requirement is an estimate of enough capital to survive a “one-in-eight year” shock.

Westfield Health’s capital requirements, and own funds available to cover those requirements, as set out in template S.23.01.01 in Appendix 1, are as follows:

	2020	2019
	£'000	£'000
Solvency Capital Requirement	23,570	28,098
Minimum Capital Requirement	5,892	7,025
Own Funds	62,638	68,912
Own Funds / SCR	266%	245%
Own Funds / MCR	1,063%	981%

The annual movement in own funds represents the deficit generated by Westfield Health for the year.

Solvency Capital Requirement

Under Solvency II, insurers can either use a “standard formula” or develop their own “internal model” to calculate their Solvency Capital Requirement. Internal models are mainly used by the largest insurance companies with complex risk profiles; Westfield Health uses the standard formula. The standard formula produces a capital requirement for a number of defined categories of risk (modules); the total capital requirement is reduced to allow for diversification between these categories as set out in template S.25.01.21 in Appendix 1.

	2020	2019
	£'000	£'000
Health underwriting risk	10,158	9,424
Market risk	17,293	23,456
Counterparty default risk	837	560
Operational risk	1,855	1,785
Loss-absorbing capacity of deferred taxes	(696)	(1,238)
Diversification benefit	(5,877)	(5,889)
Solvency Capital Requirement	23,570	28,098

Where appropriate, the standard formula can be varied by the use of simplifications, or by the use of undertaking-specific parameters. No simplifications and no undertaking-specific parameters have been used. Where the PRA believes that there are specific issues which mean that the standard formula does not adequately reflect the risks relating to a firm, it is also able to impose add-ons to increase the Solvency Capital Requirement; the PRA has not imposed a capital add-on for Westfield Health.

The material year-on-year decrease in market risk is driven by the reduced investment portfolio as assets were utilised to acquire the High Five group of companies and the portfolio incurred losses up to March 2020 as a result of the market uncertainty caused by COVID-19.

Minimum Capital Requirement

The Minimum Capital Requirement is calculated by a linear calculation based on premiums and **technical provisions, with a “floor” and “cap”** of 25% and 40% respectively of the Solvency Capital Requirement. In both 2020 and 2019 the linear calculation relating to premiums and technical provisions produced a value lower than this 25% floor so Westfield Health’s Minimum Capital Requirement was based on this floor. The year-on-year decrease in Minimum Capital Requirement is therefore driven by the decrease in Solvency Capital Requirement explained above.

E.3. Other disclosures

Westfield Health does not use a duration-based equity risk calculation.

Westfield Health has at no point been non-compliant with any capital requirements.

Westfield Health has no other information to disclose regarding its capital requirements.

Directors' Responsibility Statement

We acknowledge our responsibility for preparing the SFCR in all material respects in accordance with the PRA Rules and the Solvency II Regulations.

We are satisfied that:

- throughout the financial year in question, Westfield Health has complied in all material respects with the requirements of the PRA Rules and the Solvency II Regulations applicable to the Company; and
- it is reasonable to believe that Westfield Health has continued to comply subsequently, and will continue to comply in future.

David Capper
Chief Executive
26 August 2020

Appendix 1 - Quantitative Reporting Templates

S.02.01.02 - Balance Sheet

Assets		Solvency II value £'000
		C0010
R0030	Intangible assets	-
R0040	Deferred tax assets	-
R0050	Pension benefit surplus	2,823
R0060	Property, plant & equipment held for own use	8,158
R0070	Investments (other than assets held for index-linked and unit-linked contracts)	50,457
R0080	Property (other than for own use)	4,077
R0090	Holdings in related undertakings, including participations	6,083
R0100	Equities	5,888
R0110	Equities - listed	5,868
R0120	Equities - unlisted	20
R0130	Bonds	8,130
R0140	Government Bonds	5,381
R0150	Corporate Bonds	2,749
R0160	Structured notes	-
R0170	Collateralised securities	-
R0180	Collective Investments Undertakings	22,394
R0190	Derivatives	-
R0200	Deposits other than cash equivalents	3,885
R0210	Other investments	-
R0220	Assets held for index-linked and unit-linked contracts	-
R0230	Loans and mortgages	-
R0240	Loans on policies	-
R0250	Loans and mortgages to individuals	-
R0260	Other loans and mortgages	-
R0270	Reinsurance recoverables from:	-
R0280	Non-life and health similar to non-life	-
R0290	Non-life excluding health	-
R0300	Health similar to non-life	-
R0310	Life and health similar to life, excluding index-linked and unit-linked	-
R0320	Health similar to life	-
R0330	Life excluding health and index-linked and unit-linked	-
R0340	Life index-linked and unit-linked	-
R0350	Deposits to cedants	-
R0360	Insurance and intermediaries receivables	1,144
R0370	Reinsurance receivables	-
R0380	Receivables (trade, not insurance)	542
R0390	Own shares (held directly)	-
R0400	Amounts due in respect of own fund items or initial fund called up but not yet paid in	-
R0410	Cash and cash equivalents	7,658
R0420	Any other assets, not elsewhere shown	-
R0500	Total assets	70,783

S.02.01.02 Balance Sheet (continued)

Liabilities		Solvency II value £'000
		C0010
R0510	Technical provisions - non-life	3,204
R0520	Technical provisions - non-life (excluding health)	-
R0530	TP calculated as a whole	-
R0540	Best Estimate	-
R0550	Risk margin	-
R0560	Technical provisions - health (similar to non-life)	3,204
R0570	TP calculated as a whole	-
R0580	Best Estimate	2,512
R0590	Risk margin	692
R0600	Technical provisions - life (excluding index-linked and unit-linked)	-
R0610	Technical provisions - health (similar to life)	-
R0620	TP calculated as a whole	-
R0630	Best Estimate	-
R0640	Risk margin	-
R0650	Technical provisions - life (excluding health and index-linked and unit-linked)	-
R0660	TP calculated as a whole	-
R0670	Best Estimate	-
R0680	Risk margin	-
R0690	Technical provisions - index-linked and unit-linked	-
R0700	TP calculated as a whole	-
R0710	Best Estimate	-
R0720	Risk margin	-
R0740	Contingent liabilities	-
R0750	Provisions other than technical provisions	-
R0760	Pension benefit obligations	-
R0770	Deposits from reinsurers	-
R0780	Deferred tax liabilities	910
R0790	Derivatives	-
R0800	Debts owed to credit institutions	-
R0810	Financial liabilities other than debts owed to credit institutions	-
R0820	Insurance & intermediaries payables	411
R0830	Reinsurance payables	-
R0840	Payables (trade, not insurance)	3,620
R0850	Subordinated liabilities	-
R0860	Subordinated liabilities not in BOF	-
R0870	Subordinated liabilities in BOF	-
R0880	Any other liabilities, not elsewhere shown	-
R0900	Total liabilities	8,145
R1000	Excess of assets over liabilities	62,638

S.05.01.02 Premiums, claims and expenses by line of business

Non-life		Line of Business for: non-life insurance and reinsurance obligations (direct business and accepted proportional reinsurance) Medical expense insurance £'000	Total £'000
		C0010	C0200
	Premiums written		
R0110	Gross - Direct Business	61,841	61,841
R0120	Gross - Proportional reinsurance accepted	-	-
R0130	Gross - Non-proportional reinsurance accepted	-	-
R0140	Reinsurers' share	733	733
R0200	Net	61,108	61,108
	Premiums earned		
R0210	Gross - Direct Business	61,828	61,828
R0220	Gross - Proportional reinsurance accepted	-	-
R0230	Gross - Non-proportional reinsurance accepted	-	-
R0240	Reinsurers' share	733	733
R0300	Net	61,095	61,095
	Claims incurred		
R0310	Gross - Direct Business	45,280	45,280
R0320	Gross - Proportional reinsurance accepted	-	-
R0330	Gross - Non-proportional reinsurance accepted	-	-
R0340	Reinsurers' share	638	638
R0400	Net	44,642	44,642
	Changes in other technical provisions		
R0410	Gross - Direct Business	-	-
R0420	Gross - Proportional reinsurance accepted	-	-
R0430	Gross - Non-proportional reinsurance accepted	-	-
R0440	Reinsurers' share	-	-
R0500	Net	-	-
R0550	Expenses incurred	15,299	15,299
R1200	Other expenses	-	-
R1300	Total expenses	-	15,299

S.17.01.02 Non-life technical provisions

		Direct business and accepted proportional reinsurance Medical expense insurance £'000	Total Non-Life obligation £'000
		C0020	C0180
R0010	Technical provisions calculated as a whole	-	-
R0050	Total Recoverables from reinsurance/SPV and Finite Re after the adjustment for expected losses due to counterparty default associated to TP calculated as a whole	-	-
	Technical provisions calculated as a sum of BE and RM		
	Best estimate		
	Premium provisions		
R0060	Gross	(293)	(293)
R0140	Total recoverable from reinsurance/SPV and Finite Re after the adjustment for expected losses due to counterparty default	-	-
R0150	Net Best Estimate of Premium Provisions	(293)	(293)
	Claims provisions		
R0160	Gross	2,805	2,805
R0240	Total recoverable from reinsurance/SPV and Finite Re after the adjustment for expected losses due to counterparty default	-	-
R0250	Net Best Estimate of Claims Provisions	2,805	2,805
R0260	Total best estimate - gross	2,512	2,512
R0270	Total best estimate - net	2,512	2,512
R0280	Risk margin	692	692
	Amount of the transitional on Technical Provisions		
R0290	Technical Provisions calculated as a whole	-	-
R0300	Best estimate	-	-
R0310	Risk margin	-	-
R0320	Technical provisions - total	3,204	3,204
R0330	Recoverable from reinsurance contract/SPV and Finite Re after the adjustment for expected losses due to counterparty default - total	-	-
R0340	Technical provisions minus recoverables from reinsurance/SPV and Finite Re - total	3,204	3,202

S.19.01.21 Non-life insurance claims - Total non-life business

Z0010

Accident year / underwriting year

Gross Claims Paid (non-cumulative) (absolute amount)												In Current year £'000 C0170	Sum of years (cumulative) £'000 C0180
Year	Development year												
	0 £'000 C0010	1 £'000 C0020	2 £'000 C0030	3 £'000 C0040	4 £'000 C0050	5 £'000 C0060	6 £'000 C0070	7 £'000 C0080	8 £'000 C0090	9 £'000 C0100	10 & + £'000 C0110		
R0100	Prior											-	-
R0160	N-9	-	-	-	-	-	-	-	-	-	-	-	-
R0170	N-8	-	-	-	-	-	-	2	1			1	3
R0180	N-7	-	-	-	-	-	2					-	2
R0190	N-6	-	-	-	-	-						-	-
R0200	N-5	-	-	-	-	15	20					20	35
R0210	N-4	-	2,168	-	52	1						1	2,221
R0220	N-3	38,195	2,462	71	7							7	40,735
R0230	N-2	38,581	2,757	82								82	41,420
R0240	N-1	41,819	1,746									1,746	43,565
R0250	N	43,570										43,570	43,570
R0260												45,427	171,551

Gross Undiscounted Best Estimate Claims Provisions (absolute amount)												Year end (discounted data) £'000 C0360
Year	Development year											
	0 £'000 C0200	1 £'000 C0210	2 £'000 C0220	3 £'000 C0230	4 £'000 C0240	5 £'000 C0250	6 £'000 C0260	7 £'000 C0270	8 £'000 C0280	9 £'000 C0290	10 & + £'000 C0300	
R0100	Prior											-
R0160	N-9	-	-	-	-	-	-	-	-	-	-	-
R0170	N-8	-	-	-	-	-	-	-	-	-	-	-
R0180	N-7	-	-	-	-	-	-	-	-	-	-	-
R0190	N-6	-	-	-	-	-	-	-	-	-	-	-
R0200	N-5	-	-	-	-	-	-	-	-	-	-	-
R0210	N-4	-	-	-	-	-	-	-	-	-	-	-
R0220	N-3	2,594	-	-	-	-	-	-	-	-	-	-
R0230	N-2	2,732	-	-	-	-	-	-	-	-	-	-
R0240	N-1	2,826	-	-	-	-	-	-	-	-	-	-
R0250	N	2,805										-
R0260												-

S.23.01.01 Own Funds

		Total £'000	Tier 1 unrestricted £'000	Tier 1 restricted £'000	Tier 2 £'000	Tier 3 £'000
		C0010	C0020	C0030	C0040	C0050
Basic own funds before deduction for participations in other financial sector as foreseen in article 68 of Delegated Regulation 2015/35						
R0010	Ordinary share capital (gross of own shares)	-	-	-	-	-
R0030	Share premium account related to ordinary share capital	-	-	-	-	-
R0040	Initial funds, members' contributions or the equivalent basic own-fund item for mutual and mutual-type undertakings	-	-	-	-	-
R0050	Subordinated mutual member accounts	-	-	-	-	-
R0070	Surplus funds	-	-	-	-	-
R0090	Preference shares	-	-	-	-	-
R0110	Share premium account related to preference shares	-	-	-	-	-
R0130	Reconciliation reserve	62,638	62,638	-	-	-
R0140	Subordinated liabilities	-	-	-	-	-
R0160	An amount equal to the value of net deferred tax assets	-	-	-	-	-
R0180	Other own fund items approved by the supervisory authority as basic own funds not specified above	-	-	-	-	-
R0220	Own funds from the financial statements that should not be represented by the reconciliation reserve and do not meet the criteria to be classified as Solvency II own funds	-	-	-	-	-
R0230	Deductions for participations in financial and credit institutions	-	-	-	-	-
R0290	Total basic own funds after deductions	62,638	62,638	-	-	-
Ancillary own funds						
R0300	Unpaid and uncalled ordinary share capital callable on demand	-	-	-	-	-
R0310	Unpaid and uncalled initial funds, members' contributions or the equivalent basic own fund item for mutual and mutual - type undertakings, callable on demand	-	-	-	-	-
R0320	Unpaid and uncalled preference shares callable on demand	-	-	-	-	-
R0330	A legally binding commitment to subscribe and pay for subordinated liabilities on demand	-	-	-	-	-
R0340	Letters of credit and guarantees under Article 96(2) of the Directive 2009/138/EC	-	-	-	-	-
R0350	Letters of credit and guarantees other than under Article 96(2) of the Directive 2009/138/EC	-	-	-	-	-
R0360	Supplementary members calls under first subparagraph of Article 96(3) of the Directive 2009/138/EC	-	-	-	-	-
R0370	Supplementary members calls - other than under first subparagraph of Article 96(3) of the Directive 2009/138/EC	-	-	-	-	-
R0390	Other ancillary own funds	-	-	-	-	-
R0400	Total ancillary own funds	-	-	-	-	-
Available and eligible own funds						
R0500	Total available own funds to meet the SCR	62,638	62,638	-	-	-
R0510	Total available own funds to meet the MCR	62,638	62,638	-	-	-
R0540	Total eligible own funds to meet the SCR	62,638	62,638	-	-	-
R0550	Total eligible own funds to meet the MCR	62,638	62,638	-	-	-
R0580	SCR	23,570				
R0600	MCR	5,892				
R0620	Ratio of Eligible own funds to SCR	266%				
R0640	Ratio of Eligible own funds to MCR	1063%				
Reconciliation reserve						
R0700	Excess of assets over liabilities	62,638				
R0710	Own shares (held directly and indirectly)	-				
R0720	Foreseeable dividends, distributions and charges	-				
R0730	Other basic own fund items	-				
R0740	Adjustment for restricted own fund items in respect of matching adjustment portfolios and ring fenced funds	-				
R0760	Reconciliation reserve	62,638				
Expected profits						
R0770	Expected profits included in future premiums (EPIFP) - Life business	-				
R0780	Expected profits included in future premiums (EPIFP) - Non- life business	-				
R0790	Total Expected profits included in future premiums (EPIFP)	-				

S.25.01.21 Solvency Capital Requirement - for undertakings on Standard Formula

		Gross solvency capital requirement £'000	USP	Simplifications
		C0110	C0080	C0090
R0010	Market risk	17,293		-
R0020	Counterparty default risk	836		
R0030	Life underwriting risk	-	None	-
R0040	Health underwriting risk	10,158	None	-
R0050	Non-life underwriting risk	-	None	-
R0060	Diversification	(5,786)		
R0070	Intangible asset risk	-		
R0100	Basic Solvency Capital Requirement	22,411		
Calculation of Solvency Capital Requirement		C0100		
R0130	Operational risk	1,855		
R0140	Loss-absorbing capacity of technical provisions	-		
R0150	Loss-absorbing capacity of deferred taxes	(696)		
R0160	Capital requirement for business operated in accordance with Art. 4 of Directive 2003/41/EC	-		
R0200	Solvency Capital Requirement excluding capital add-on	23,570		
R0210	Capital add-ons already set	-		
R0220	Solvency capital requirement	23,570		
Other information on SCR				
R0400	Capital requirement for duration-based equity risk sub-module	-		
R0410	Total amount of Notional Solvency Capital Requirements for remaining part	-		
R0420	Total amount of Notional Solvency Capital Requirements for ring fenced funds	-		
R0430	Total amount of Notional Solvency Capital Requirements for matching adjustment portfolios	-		
R0440	Diversification effects due to RFF nSCR aggregation for article 304	-		
Calculation of loss absorbing capacity of deferred taxes		Before the shock	After the shock	LAC DT
		C0110	C0120	C0130
R0630	DTL	910	213	
R0640	LAC DT			(696)
R0650	LAC DT justified by reversion of deferred tax liabilities			(696)
R0660	LAC DT justified by reference to probable future taxable economic profit			-
R0670	LAC DT justified by carry back, current year			-
R0680	LAC DT justified by carry back, future years			-
R0690	Maximum LAC DT			(696)

S.28.01.01 Minimum Capital Requirement - Only life or only non-life insurance or reinsurance activity

		Net (of reinsurance/SPV) best estimate and TP calculated as a whole £'000	Net (of reinsurance) written premiums in the last 12 months £'000
Linear formula component for non-life insurance and reinsurance obligations	C0010		
R0010 MCR _{NL} Result	2,990	C0020	C0030
R0020 Medical expense insurance and proportional reinsurance		2,512	61,108
R0030 Income protection insurance and proportional reinsurance		-	-
R0040 Workers' compensation insurance and proportional reinsurance		-	-
R0050 Motor vehicle liability insurance and proportional reinsurance		-	-
R0060 Other motor insurance and proportional reinsurance		-	-
R0070 Marine, aviation and transport insurance and proportional reinsurance		-	-
R0080 Fire and other damage to property insurance and proportional reinsurance		-	-
R0090 General liability insurance and proportional reinsurance		-	-
R0100 Credit and suretyship insurance and proportional reinsurance		-	-
R0110 Legal expenses insurance and proportional reinsurance		-	-
R0120 Assistance and proportional reinsurance		-	-
R0130 Miscellaneous financial loss insurance and proportional reinsurance		-	-
R0140 Non-proportional health reinsurance		-	-
R0150 Non-proportional casualty reinsurance		-	-
R0160 Non-proportional marine, aviation and transport reinsurance		-	-
R0170 Non-proportional property reinsurance		-	-
Linear formula component for life insurance and reinsurance obligations	C0040	Net (of reinsurance/SPV) best estimate and TP calculated as a whole £'000	Net (of reinsurance/SPV) total capital at risk £'000
R0200 MCR _L Result	-	C0050	C0060
R0210 Obligations with profit participation - guaranteed benefits		-	
R0220 Obligations with profit participation - future discretionary benefits		-	
R0230 Index-linked and unit-linked insurance obligations		-	
R0240 Other life (re)insurance and health (re)insurance obligations		-	
R0250 Total capital at risk for all life (re)insurance obligations			-
Overall MCR calculation	C0070		
R0300 Linear MCR	2,990		
R0310 SCR	23,570		
R0320 MCR cap	10,606		
R0330 MCR floor	5,892		
R0340 Combined MCR	5,892		
R0350 Absolute floor of the MCR	2,153		
R0400 Minimum Capital Requirement	5,892		
Approach to tax rate	C0109		
R0590 Approach based on average tax rate	No		



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