

**CORNERHOUSE (YORKSHIRE)**  
**THREE - YEAR BUSINESS PLAN**  
**2006/07 – 2008/09**

# **CORNERHOUSE (YORKSHIRE) BUSINESS PLAN**

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## **1.0 Executive Summary**

### **Introduction**

Cornerhouse (Yorkshire) is a registered charity and a company limited by guarantee which provides information, support and services to enable people in Hull and East Riding of Yorkshire to make informed choices, and take appropriate action, to improve their sexual health and well being, and reduce the stigma associated with sexually transmitted infections and HIV.

### **The Organisation**

Cornerhouse (formally AIDS Action) was formed in 1988 in response to the rise of HIV in the UK. Its original role was to provide a help-line for people who had concerns or wanted more information about HIV. In order for the charity to further develop its services, the health authority gave it the building on the corner of Percy Street, hence the name Cornerhouse, which was opened on World Aids Day in 1988.

In late 1991, the agency was established as a company limited by guarantee and a registered charity with the Charity Commission.

Then in 2001 the charity changed its name to Cornerhouse (Yorkshire) from AIDS Action in recognition of the other services it provided and its objects clause was reviewed and expanded in 2004 to allow the charity to assist with promoting the prevention of sexually transmitted infections (STI) or HIV and HIV related illnesses by the provision of health services whilst supporting the emotional, physical and spiritual welfare of such persons and by any other charitable means.

The management of Cornerhouse consists of the board of directors and officers known as the Executive Management Committee who work closely with the senior management team. Ultimately the work is divided among Executive committees and senior management, however we may need to advertise for more committee members.

### **Services**

Cornerhouse provides a variety of services which include the following projects: Outreach; Working Women; Conifer Network Drop-in; Peer Education; Boys & Young Men and Training. The charity also coordinates a number of activities and events for World AIDS Days and the Red Ribbon Ball.

In addition we provide a helpline service, which gives information and support on a number of issues surrounding sexual health, HIV/AIDS and contraception issues.

Among the services planned for the future is the development of a comprehensive range of training packages for agencies, including youth workers, foster carers, and community workers with accreditation for these packages and volunteer training, as well as a complimentary schools package in addition to delivering A pause throughout Hull; provide information, support and services to the LGBT community and review HIV support services in consultation with user involvement groups.

## **The Market**

Research shows that sexually transmitted infections have been on the increase for several years. This includes statistics, which underlines the increase in reported cases of HIV/AIDS in Hull and East Riding. Teenage conception rates are starting to fall, which is encouraging. However all the information gathered on our market confirms the necessity for our services within the local community. We can help people of all ages to improve their sexual health and quality of life, their well being, as well as providing support and condoms.

There are more than ten agencies in Hull & East Riding involved with sexual health issues. In addition, there are potential services that could be provided in the future with the assistance of more funding and collaborative working arrangements.

Since Cornerhouse's goal is to provide information, support and services to enable people to make informed choices, and take appropriate action, to improve their sexual health and well being, and reduce the stigma associated with sexually transmitted infections and HIV, it would be practicable to bring together all interested parties to discuss the future sexual health needs of people in Hull and East Riding and how to provide them.

The charity plans to have a broad target market with management focusing on assessing the needs of vulnerable and marginalised groups and the support services required.

## **Financial Considerations**

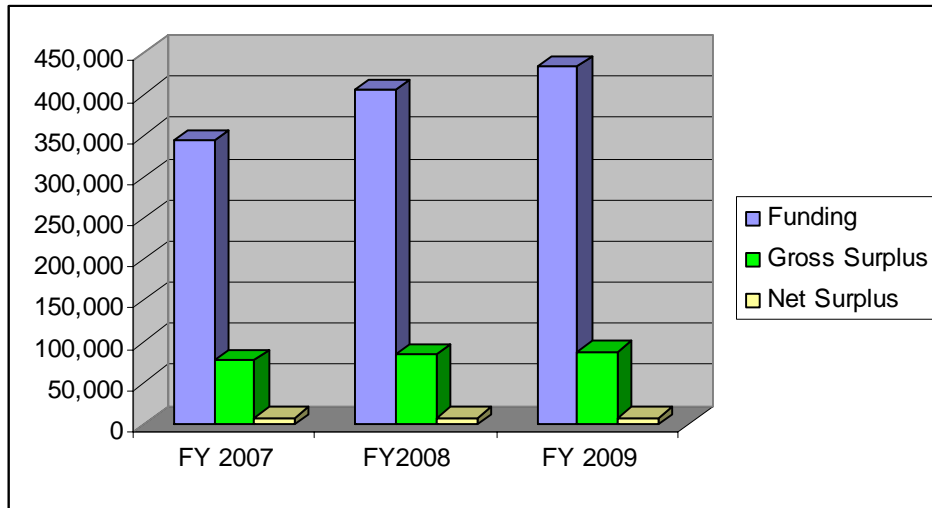
Our main strategy is the growth and maintenance of our services.

We want to finance the growth of our organisation by working in partnership with local authorities, and attract funding from charitable trusts. We recognise that this means we will have to grow more slowly than we might like to however in today's financial climate it is necessary to protect our survival and sustainability.

We expect our service users will continue to increase by 7% per annum on average. Year on year we estimate the organisation's net surplus will be approximately £8,000 per annum. Cash flow is

expected to remain fairly healthy provided receipts of funding income are received on a timely basis. Surpluses are planned to be applied to fundraising activities; legislative activities, marketing activities, or held for contingencies.

### Highlights



## 1.1 Objectives

- To secure funding for two part-time Working Women posts, one part-time Volunteer worker and possibly one part-time Boys and Young Men's worker within 12 months.
- To develop and maintain an ongoing programme for the recruitment of volunteers.
- Secure a funding bid for the purchase of computer equipment within 12 months.
- Review the future of the Aids help-line and how to implement any changes.
- Cornerhouse to develop its own schools package to compliment existing arrangements.
- To market the services of Cornerhouse more effectively and raise its profile in the community.
- Provide an assessment of HIV support services in consultation with user involvement groups with recommended plan for action.
- Provide an assessment of services and support required by the Lesbian, Gay, Bisexual and Transgender (LGBT) community with recommended plan for action.

## 1.2 Mission

To work with organisations in the health and social care sector, local government, voluntary /community sector and individuals in line with national and local sexual health strategies, public

health and teenage pregnancy strategies to raise awareness of health risks and increase access to sexual health services to prevent sexually transmitted infections and unplanned conception.

To focus on sexual health and well being, particularly targeting young men and women and other vulnerable or marginalised groups to ensure they understand the risks of unprotected sex and to promote the benefits of using condoms to avoid the risk of sexually transmitted infections and/or unplanned pregnancies.

To provide information, support and services to enable people to make informed choices, and take appropriate action, to improve their sexual health and well being, and reduce the stigma associated with sexually transmitted infections and HIV.

### **1.3 Vision**

We have set out our strategic vision statements for Cornerhouse, which provides future direction and inspiration for organisational goal setting.

- Maximise service user empowerment/raising self esteem/social inclusion
- Encourage partnership working to achieve aims and objectives
- Expand user involvement – focus on existing and new services to meet client needs
- Service development – listen to our service users, what are their needs? Offer new or innovative ways to enhance the quality of our service.
- Enhance diversity of client group – Young People; Working Women; Boys & Young Men; LGBT; HIV.
- Coordinate fundraising activities to access more grant trusts, donations, contacts
- Volunteering – encourage more people to volunteer and develop their skills
- Transform our publicity and marketing strategy and use our business plan to inform others groups of our services
- Produce more monitoring and evaluation – evidence of our good practices
- Deliver training to more community organisations, extend our training material.
- Evidence based practice
- Advocacy
- Develop the fit with national, regional and local strategies

### **1.4 Keys to Success**

The management of our long-standing, working relationship with local authorities during the last 15 years.

Cornerhouse is recognised as one of the few organisations totally dedicated to maintaining the sexual health and well being of people in Hull and East Riding of Yorkshire.

## **2.0 Organisation Summary**

Cornerhouse (Yorkshire) is the only charity in Hull & East Riding totally dedicated to sexual health issues since its inception in 1988. Our focus is on improving sexual health and enhancing well being by:

1. Promoting safe sexual practices
2. Delivering a confidential information service
3. Protecting the physical and emotional health and well being of young people
4. Assisting with access to other services to improve sexual health
5. Empowering and enabling service user to make informed choices about their own sexual health

## **2.1 Legal Entity**

Cornerhouse (Yorkshire) is a company limited by guarantee (number: 2626968) and a registered charity with the Charity Commission (number: 1003540).

## **2.2 Organisation History**

Cornerhouse (Yorkshire) was formed in 1988 as an AIDS Action agency, in response to the rise of HIV in the UK. Its original role was to provide a help-line for people who had concerns or wanted more information about HIV. It began life with two paid workers and a group of enthusiastic and committed volunteers, based in a portacabin behind Hull CVS.

During the initial few months a need for community support was identified for people living with aids. Funding was sought to employ a training manager to train volunteers in this area and also to a wider audience including the health authority and social services. It was during this time that the charity was given the building on the corner of Percy Street, hence the name Cornerhouse, which was opened on World Aids Day in 1988, this has enabled the charity to further develop its services.

The charity went from strength to strength as further needs were identified. A successful funding bid was made to the Local Health Authority to start an outreach project. The project was based

on going out to street locations in Hull and East Riding with young people. The method used was quite unique and over the years has enabled young people to make informed choices in their lives.

During 1991, Cornerhouse was established as a company limited by guarantee (number: 2626968) and a registered charity with the Charity Commission (number: 1003540).

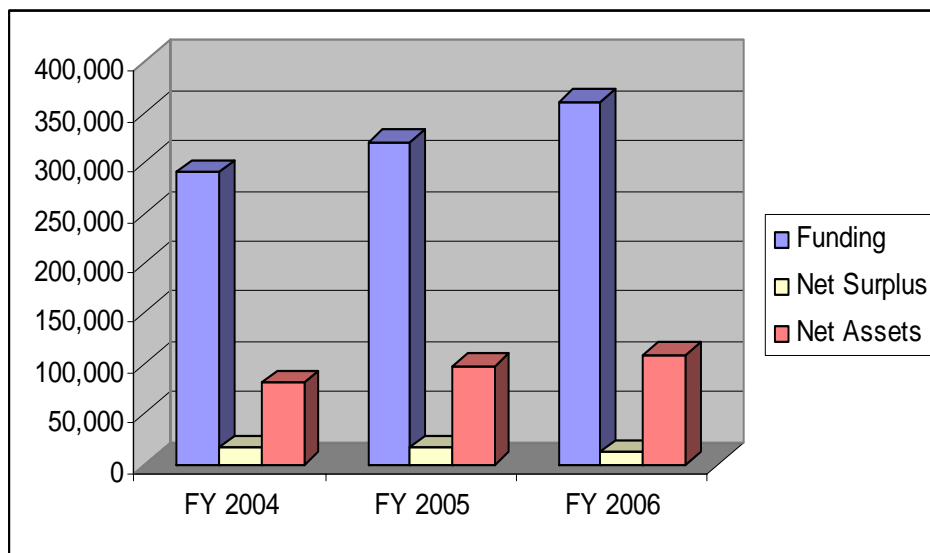
In 2001 the charity changed its name to Cornerhouse (Yorkshire) from Aids Action in recognition of the other services it provided. The objects clause was reviewed and expanded in 2004 to allow the charity to assist with promoting the prevention of sexually transmitted infections (STI) or HIV and HIV related illnesses by the provision of health services whilst supporting the emotional, physical and spiritual welfare of such persons and by any other charitable means.

Over the past four years specific funding has been provided by different organisations to work with young people and those who are disadvantaged, vulnerable and marginalised in the community.

Projects include:

Conifer Network, Working Women, Peer Education; Boys and Young Men, Training, Research, Mystery Shopper and Outreach and Teen Clinics at various locations.

### Past Performance



## **2.3 Locations and Facilities**

Since its inception, the Cornerhouse office has been resident at 29 Percy Street, Hull then in 2002, Conifer Network drop in facilities were established at Conifer House, West Hull PCT on Prospect Street, Hull. For a number of years we have had the AIDS helpline facility, which is manned by staff and volunteers. More recently we have a modest website which outlines our services, outreach locations and times.

## **3.0 Services**

Cornerhouse provide the following funded projects, services and activities:

- Outreach
- Working Women
- Conifer Network
- Peer Education
- Boys & Young Men
- Teen Clinic
- Team Training
- Volunteering
- One-to-one support.
- Sexual Health help-line
- Community Support
- Hardy Fund

## **3.1 Service Description**

- Outreach is an evening street based sexual health service. It provides confidential information, advice and free condoms at locations in Hull and East Riding.
- Working Women offers sexual health information to women working in the commercial sex industry. Our team listens to concerns that women may have around sexual health or wider issues and can refer to other agencies if necessary.
- Conifer Network is a young people's drop in. Our team discusses any sexual health or contraception issues, offers confidential information and listening service as well as provides free condoms, pregnancy testing and chlamydia testing.
- The Peer Ed team not only deliver drop in services for young people across the city of Hull. They co-ordinate and deliver the peer elements of Apause as well as sexual health workshops in a number of schools, colleges, youth centres and other youth settings and attend health fairs and other events for young people.

- The Boys and Young Men project works directly with young men on issues of prevention around teenage pregnancy and sexual health issues specific to males. Group work and /or workshops include STIs, condom use, sexuality and gender, self-esteem, testicular cancer. The project offers a free and confidential support service on a one-to-one basis.
- Team Training: Cornerhouse offers sexual health workshops and training programmes within the community. Our client group includes young people; parents and carers through to agency staff such as community wardens and residential care workers. The team covers issues from confidentiality, sex and the law, through to HIV/AIDS.
- Volunteering: Volunteers describe working within Cornerhouse as rewarding, fun and supportive. Volunteers are offered good opportunities to work directly with people around sexual health issues after completing and passing our foundation course and receiving further training in their particular area of interest.
- Cornerhouse help-line gives information and support on a number of issues surrounding sexual health, HIV/AIDS and contraception issues.
- Community Support – this service is offered to people who are living with or affected by HIV/AIDS.
- The Hardy Fund is a restricted fund, which is a hardship resource for people living with HIV/AIDS. Cornerhouse manages and administers the scheme and responds to claims for financial support during terms of stress.

### **3.2 Alternative Providers**

Although there are other agencies in the voluntary and community sector who provide similar services on the issue of sexual health, Cornerhouse is the only organisation in Hull whose whole business is dedicated to the issue. Cornerhouse has almost two decades of expertise, skills and knowledge in tackling sexual health issues in the community, working with marginalised groups and ensuring services are user led while still contributing to the delivery of government targets.

### **3.3 Printed Material**

Each year, the management team either separately or in conjunction with our annual report produces an annual review of our services, which explains how each project has performed against targets set and the direction of the organisation. Training packages are produced and well received by volunteers and local organisations, leaflets, flyers; brochures are distributed in and around the community.

Recently we received funding to undertake two pieces of research, which culminated in two reports being produced and circulated to organisations. Both documents are available on our website. "Mind The Gap" and "Men, Masculinity and Mayhem".

Conifer Network has produced a pro-forma form for working with under 16's along side a confidentiality policy. The Training team has recently produced a poster giving details of all training events for 2006/07.

### **3.4 Association with other organisations**

Cornerhouse has an association with a number of organisations within the Hull and East Riding. These include:

- Hull and East Riding Sexual and Reproductive Healthcare Partnership
- West Hull Primary Care Trust
- East Hull Primary Care Trust
- East Riding County Council (East Riding Teenage Pregnancy Working Group)
- Hull City Council
- Hull Teenage Pregnancy Unit
- Teenage Pregnancy Support Service – Hull
- Hull Youth Service
- East Riding Youth Service
- CASPHER (Chlamydia Screening Project in Hull & East Riding)
- Body Positive
- DOC (Developing Our Communities)
- University of Hull
- Hull College
- Hessle Road Network

Our Operations Manager also attends the local strategic partnership meetings to keep a finger on the pulse of what is ongoing in the community

### **3.5 Technology**

Cornerhouse has three telephone lines and a fax facility. All functions have their specific email addresses and we have a website.

The new Cornerhouse Website, [www.wearecornerhouse.org](http://www.wearecornerhouse.org), has been up and running now for almost 12 months, and provides an overview of the entire agency and its various projects in a simple, user-friendly format.

It also offers the agency the opportunity to make its research reports, as well as its own annual reports and other documentation, available to the wider community at minimal cost.

There is also a public discussion forum available for service users who wish to ask questions, or seek additional information, anonymously. However, there has been little take-up of this option to date and this service needs to be reviewed.

The major future development planned is an online database/library of information on, among other things: HIV/AIDS, Sexually Transmitted Infections, Pregnancy and Sexuality. It is planned that this will be up and running within the next six months.

### **3.6 Future Services**

Among the services planned for the future are:

- Secure funding for additional project workers for Working Women, Volunteers and Boys and Young Men
- Undertake a review of the Aids help-line
- Develop a comprehensive range of training packages for agencies, including youth workers, foster carers, and community workers with accreditation for these packages and volunteer training as well as a complimentary schools package in addition to delivering Apause.
- Raise the profile of Cornerhouse in the community linking into a marketing plan
- In consultation with user involvement groups undertake a needs assessment of HIV support services with a recommended plan for action.
- Provide an assessment of services and support required by the Lesbian, Gay, Bisexual and Transgender (LGBT) community with a recommended plan for action.

## 4.0 Market Analysis Summary

Hull has a population of 248,530 (ONS 2004) of which 64,260 are children and young people under 20 (25% of the total population) .56,920 are aged under 18 (22.9%). There are significant differences in the proportion of the total population aged under 20 between areas of the city. Almost one third of all households are families with dependant children (31,300 Families in 2001 Census).

The 2001 census found that 1868 children and young people (3.24%) were of an ethnic group other than white British. While the asylum seeker population has increased the ethnic population is not more economically disadvantaged than the white population. The health needs of such minorities are an important concern and small group work is being undertaken in partnership with organisations working directly with this group e.g. RPS (Royal Philanthropic Society) Rainer, 167 Centre to ensure information and services are able to address prevention issues with this vulnerable group.

There is considerable variation in the proportion of families between areas within the city. With over one third living in "Income Deprived" households, with one third of all families with children are headed by a lone parent – higher than the national average.

Whilst there has been a significant reduction in the number of children looked after by the local authority since 2004, Hull has one and a half times the national average rate of looked after children. There are significant variations between areas within the city with almost twice the national average rate of children registered on the child protection register. In some cases these are two generations of the same family (e.g. teenage girl already on Child Protection Register (CPR) gets pregnant and child is then also put on CPR).

Rates of infant mortality in children to teenage parents are substantially higher than the national average and contributes to the lower than average life expectancy for residents of the city.

The percentage of young people who are not in education, employment or training (NEET) has fallen but remains higher than the national average. The proportion of 18 year olds that go on to higher education is very low, although those that go into work based learning is higher than the national average.

The Index of multiple deprivation (2004) demonstrates that the city of Hull has significant areas of deprivation. It is ranked 9<sup>th</sup> overall from the 354 local authority districts in England and is the most

deprived in the region. Of the 163 super output areas in Hull 76 fall within 10% of the most deprived areas and a further 19 are in the top 20% of the most deprived in England and Wales. The most deprived wards and super output areas are also those with the highest rates of teenage conception.

Hull statistical neighbours for teenage pregnancy are Middlesbrough, Plymouth and North East Lincolnshire. Best practice such as Apause and boys and young men's work have been commissioned due to their success in other places such as our statistical neighbours.

The cumulative number of reported cases of HIV/AIDS in Hull and East Riding from 1999 to 2004 has steadily increased from 35 in 1999 to 112 in 2004. Of these 49 new cases were reported in 2004. The highest number of cases was reported amongst the 25 – 39 age groups, with male cases outnumbering female cases.

Children and young people are priority number one for the Local Strategic Partnership and the work Cornerhouse undertakes is linked to their strategies.

#### **4.1 Market Segmentation**

Cornerhouse's market is segmented by location and access to young people.

1. Hull locations- specifically, North Hull, East Hull and Bransholme
2. East Riding – specifically, Beverley, Goole and Bridlington
3. Schools, colleges, youth clubs within Hull and East Riding of Yorkshire.

#### **4.2 Target Market Segment Strategy**

Past experience has shown that the most effective way of improving sexual health is to bring together the messages that raise awareness of health risks with information about action that people can take themselves to improve their health. Focusing specifically on targeting particular young men and women to ensure that they understand the real risks of unprotected sex, and to persuade them of the benefits of using condoms to avoid the risk of sexually transmitted infections or unplanned pregnancies.

NOTE: Future growth of sexual health services will be dependent on developing partnerships and alliances with other organisations to overcome common barriers to accessing information and prevention services so that higher risk or particularly vulnerable groups are targeted with sexual health information and HIV/STI prevention.

#### **4.2.1 Market Needs**

For the most part, our services are delivered in areas where there are known high teenage conception rates. Diagnoses of HIV, Chlamydia , sexually transmitted infections are on the increase and delay in treatment can lead to more people being infected. We can help improve sexual health by increasing the services we offer through securing funding and promoting ourselves to other agencies by producing an agency leaflet specifically aimed at other agencies and partnership working.

#### **4.2.2 Market Trends**

One important trend is that young people are becoming sexually active earlier and there is evidence to support that the diagnoses of Chlamydia is on the increase.

A more positive trend is that the statistics gathered concerning the number of teenage conceptions in Hull and East Riding are decreasing.

#### **4.2.3 Market Growth**

According to the Department of Health report our market is revolving. Age and demographics plays a significant factor, for example, there will always be a continual flow of children entering the teenage age group requiring information and services; lifestyle changes affecting the 40's+ age group. This age group is becoming more sexually active as their long-term relationships break down and new partners come on the scene. In addition, the emerging priority groups are asylum seekers and refugees.

## **5.0 Strategy and Implementation Summary**

Cornerhouse will focus on four major projects over the next three years: funding to secure additional worker posts; developing and maintaining an ongoing programme for the recruitment of volunteers; developing a comprehensive range of training packages for agencies, including youth workers, foster carers and community workers with accreditation for these packages and volunteer training, as well as a complimentary schools package in addition to delivering Apause, and market the services of Cornerhouse more effectively to raise its profile in the community.

Our other income streams will come from securing funding from targeted charitable trusts, World AIDS Day events and the Red Ribbon Ball.

### **5.1 Strategy Pyramid**

Our main strategy is the delivery and growth of our services to meet the demand for information and provide support to all service users by using our knowledgeable, skilled and experienced staff.

The tactics to grow our services are:

1. Provide city-wide training packages for the community with accreditation, which will raise our profile and enhance our reputation
2. Increase our volunteer recruitment base
3. Develop a complimentary schools package in addition to delivering Apause.
4. Develop partnership working with Hull and East Riding Sexual And Reproductive Healthcare Partnership and The Primary Care Trusts
5. Enhance the quality of services provided to the LGBT community
6. Design personal development plan for staff.

Programmes to support these tactics are:

1. Secure funding for additional workers and volunteer –coordinator role
2. Operate full cost recovery programme for all projects
3. Ensure equipment and resources are efficiently utilised.
4. Offer student social work placements
5. Publicise charity activity programme and arrange meetings with local organisations to develop partnership working.

6. Implement a running programme geared to assessing the needs of service users, HIV support services and LGBT services.

## **5.2 Value Proposition**

Our staff operate with the knowledge, skill and experience built up over many years. The opportunity to network with peers as well as local and regional partnerships provides value. Our reputation in the market place as the only charitable organisation in Hull and East Riding that can provide a holistic, non-judgemental and confidential sexual health services to young people and others is second to none.

## **5.3 Competitive Edge**

Cornerhouse has been in existence now for almost 20 years with its dedicated, enthusiastic and committed workforce. We are able to offer a non-clinical approach to service users. We have the advantage of not being bound to bureaucratic methodologies. Being flexible and able to respond to needs is key in our work environment.

Our projects deliver and achieve government targets, not just with outputs but also with outcomes and we have shown that we are cost effective when compared with other providers.

## **5.4 Marketing Strategy**

As shown by the Income Stream Forecast table and chart, the major sources of project funding each have their own service level agreement with defined services and plan of action.

1. These are: Outreach; Peer Education; Boys and Young Men; Training
2. There is a need to incorporate more publicity into our working
3. Develop an active role in the local and regional Strategic partnership
4. Enhance fundraising and awareness activities

### **5.4.1 Positioning Statement**

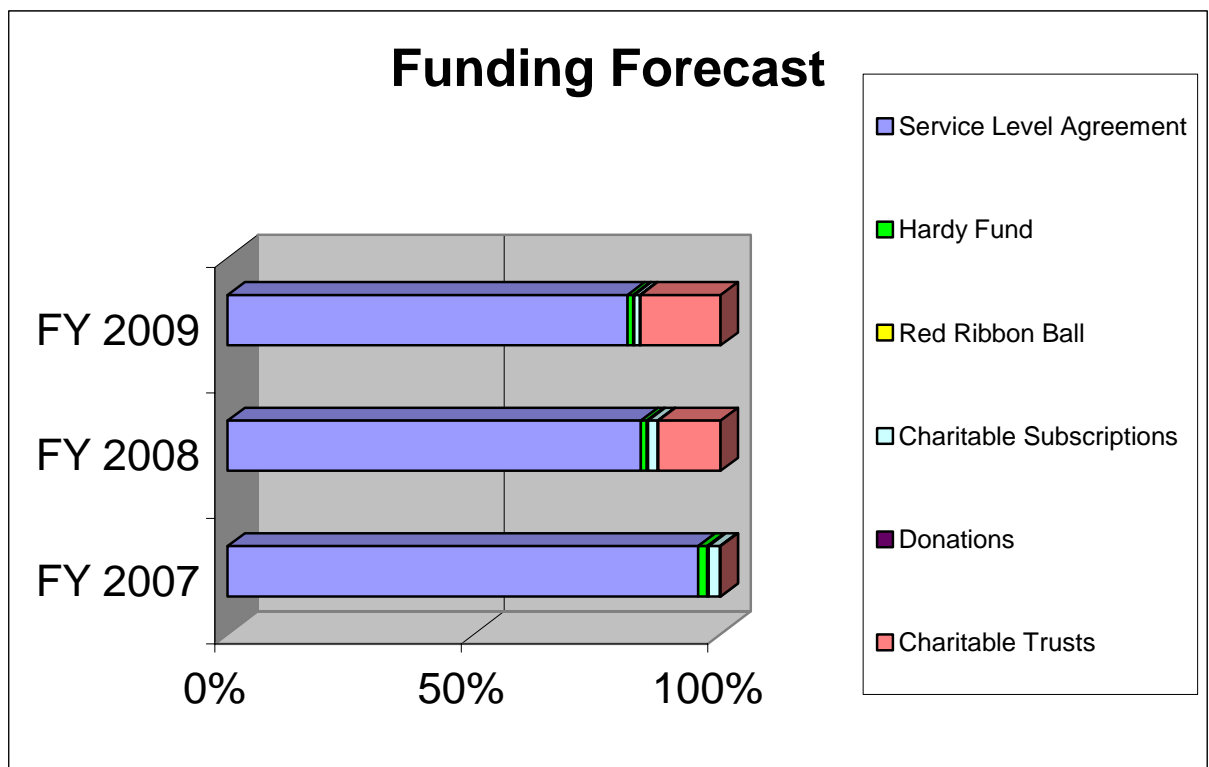
The following table and chart give a run-down on forecasted income. With a viable strategic plan and 12 months operations plan we expect to see a small annual surplus over the next three years and a year-on-year increase of service users approximating to 7%. We recognise that ongoing structural changes occurring within the NHS and its regional effects on Primary Care Trusts

means that our relationship and service level arrangements may undergo some changes in the future.

Funding assumptions are based on past results and our knowledge of the market place.

1. Service level agreements; for the FY 2006 there are five in place with local authorities.
2. Hardy Fund donations are a combination of individual gifts and receipts from collection tins.
3. Red Ribbon Ball: an annual event which local businesses support and where most of the funds are applied to the Hardy Fund.
4. World Aids Day activities, which contribute to the Hardy Fund.
5. Charitable subscriptions received from local charitable trusts.
6. Donations – one off contributions to the charity.

### Funding by Year



<b>Funding Forecast</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
Service level agreement	£333,500	£343,500	£353,800
*Hardy Fund	£6,500	£5,000	£5,000
Red Ribbon Ball	£1,000	£1,000	£1,000
Charitable Subscriptions	£8,000	£8,000	£5,000
Donations	£500	£500	£500
Charitable Trust	£0	£52,000	£71,000
<b>Total Funding</b>	<b>£349,500</b>	<b>£410,000</b>	<b>£436,300</b>

\* The Hardy Fund is a restricted fund, which cannot be applied for general charitable purposes.

#### **5.4.2 Pricing Strategy**

The Executive Management committee reviews our fund-raising programme on a bi-monthly basis when potential funders are identified and discussed for essential matching criteria. The business finance manager reports to the executive management and/or officers on a monthly basis, ensuring that budgeted activities and cash flow projections are on target or revised for external circumstances and accompanied by a plan of action.

#### **5.5 Milestones**

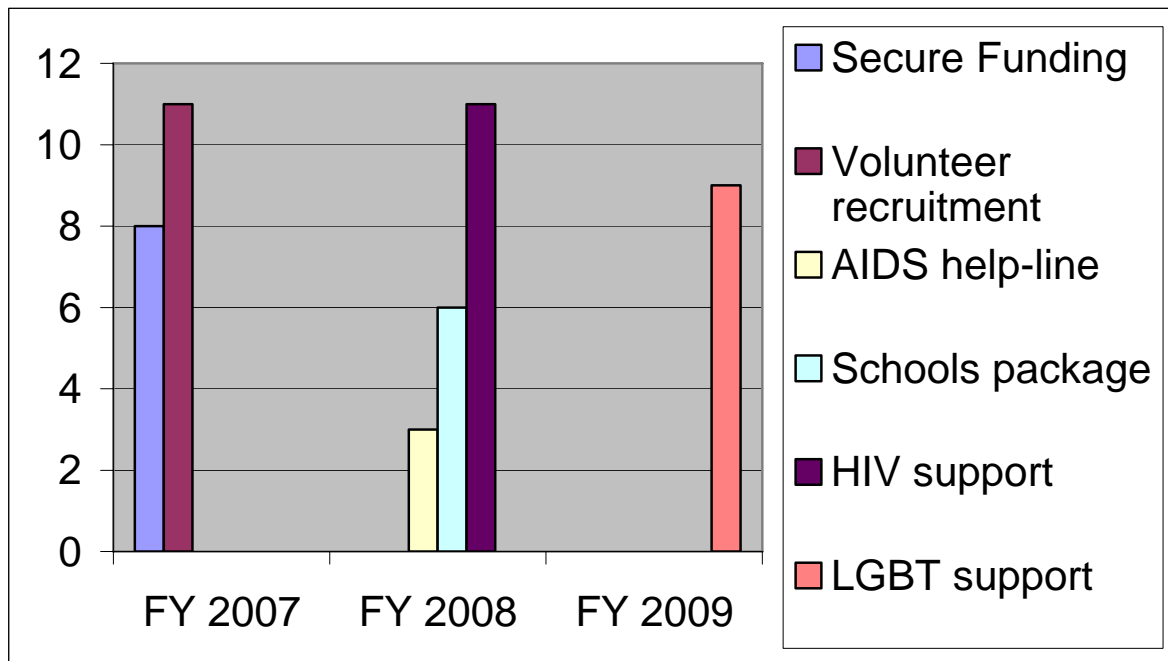
The accompanying table lists important programme milestones, with dates, responsible parties, and budgets for each. The milestone schedule indicates our emphasis on planning for implementation.

What the table does not show is the staff dedication and commitment behind it. Our business plan includes complete provisions for plan-vs-actual analysis, and we will hold bi-monthly meetings to discuss the variance and course corrections if required.

## Milestones

<b>Milestone</b>	<b>Start Date</b>	<b>End Date</b>	<b>Budget</b>	<b>Manager</b>	<b>Project</b>
Secure funding bids for three additional workers and equipment.	May 2006	January 2007	50,000	P Barry	Working Women Volunteers Boys & Young Men
Develop and maintain a recruitment programme for volunteers.	June 2006	Ongoing	Training resources	P Barry	All projects
Review with recommendations the future programme for AIDS help-line.	August 2006	March 2007		Executive Management committee	AIDS help-line
Develop a complimentary own Schools package programme	July 2006	March 2007	Project resources	P Barry	Peer Ed & Boys and Young Men
Design marketing programme for Cornerhouse	August 2006	March 2007	Fundraising	Executive Management Committee	All staff involvement
Assess needs of the support services to the LGBT community	Ongoing	March 2008		Executive Management Committee	LGBT
Assess needs of the HIV support services and Body Positive	Ongoing	March 2009	Fundraising	Executive Management Committee	HIV Support

## Milestones



### 6.0 Management Summary

The initial management team consists of the board of directors/executive management and senior managers of Cornerhouse working closely together. In addition, fortnightly team meetings are held for all staff to ensure projects, service and activities are meeting their desired outcomes. Ultimately the work will be divided among Executive management committee and the senior management team.

### 6.1 Personnel Plan

The following table summarises the expenditure on our personnel (management and staff) for the past three years. It indicates that remunerations have increased from approx £220k in the first year to approx £276k in the third. We believe this plan is a good compromise between fairness and expedience, and meets the commitment of our mission statement.

## Personnel Planner

Role	FY 2004	FY 2005	FY 2006
	£	£	£
Operations	32,123	33,006	20,843
Finance	6,591	7,437	20,912
Admin	11,320	11,280	17,497
Project staff	170,495	186,660	216,918
<b>Total</b>	<b>220,529</b>	<b>238,383</b>	<b>276,170</b>

## 6.2 Executive Management

### Chairperson – Tish Lamb

Tish has worked in the voluntary and community sector for about 14 years and is currently working for a community development organisation. She became a volunteer for Cornerhouse (previously AIDS Action) in 1990 and joined as a member of the Training and Outreach teams. Tish wanted to volunteer for the organisation due to a friend of hers was living with HIV and she felt at that time that there was a lack of awareness and understanding about HIV and wanted to help change this. Tish then became Training Services Manager for the organisation and enjoyed over eight years with Cornerhouse.

Tish took a year out to go travelling and on her return was successful in gaining employment at the organisation she now works for. However, it wasn't long before she became a member of the Executive Committee and then became Chair last year. Tish believes she brings a wide range of skills and knowledge to the organisation, but most of all she brings her passion and belief in the work the organisation undertakes.

### Vice Chair – Bill Oldridge

Bill has worked in the Voluntary & Community Sector (VCS) for over 16 years. During this time he has gained a wealth of experience in the fields of sexual health, mental health and community development. He has worked directly with the LGBT (Lesbian, Gay, Bisexual & Transgendered) communities for a number of years offering support and counselling. During his time with Cornerhouse (Yorkshire), formerly Aids Action, he has been a member of the Aids Line; Outreach; Community Support and the Safer Sex for Men teams and he is also time served as Volunteer Representative on the Executive Committee.

As an individual member Bill has been a part of the Executive Committee for around 5 years and more recently has taken on the role of Vice-Chair. The specific areas of knowledge and expertise

Bill brings to the Committee are around Human Resource Management, Project management and the 'grass roots' experience of having been a paid worker for the organisation for 7 years.

**Treasurer – David Arrowsmith-Cooper**

David is in his second term as a member of Cornerhouse's Executive Committee, serving between 1996 and 1998, and then from 2000 to date. He served as Vice-Chair from 2001 to 2003, and since then as Treasurer.

He works as a pension specialist for a local Independent Financial Advice practice, and brings considerable knowledge of employee benefits. He is also a Microsoft Certified Professional and offers Cornerhouse technical expertise, as well as maintaining the [wearecornerhouse.org](http://wearecornerhouse.org) website.

**Executive member – Gail Teasdale**

Gail first became involved with the agency in 1996 as a volunteer for the outreach team, initially as a member and later as a shift leader. She later joined the training team and became the volunteer representative on the Executive management committee. Gail has a B.Sc (hons) in Psychology and a certificate in counselling and is currently completing an MBA. Her areas of expertise are sexual health, drugs, women's issues, strategy, funding and personnel.

Having worked in both the public and voluntary sector, Gail currently works as the Teenage Pregnancy Co-ordinator for Hull, which involves policy, strategy and commissioning services additional to mainstream.

**Executive member – J. C. Sutherland**

Jem has been working in the field of sexual health since 1993 when he became a volunteer for AIDS Action – Cornerhouse as it is now. He gained a particular interest in HIV and AIDS through meeting people living with HIV during his study at Leeds University.

Having volunteered for 2 years in a variety of roles within Cornerhouse and worked for the HIV Information Service at the College of Health, Jem secured a paid position at Cornerhouse developing a peer education project for young people. He coordinated this project for 6 years and then worked on a similar project targeting parents for a further 2 years.

In July 2004, Jem was accepted onto the Executive Committee of Cornerhouse when he left paid employment with the agency to take up his current role of Health Promotion Specialist in Sexual Health Training for the local NHS sexual health service.

### **Executive member – Graham Jenkinson**

Graham is an Executive Member and former Chair of the Agency and has been with Cornerhouse for approximately 10 years. His initial involvement began when he undertook the designs for the World AIDS Day campaign, which led to more involvement with the organisation. Today he is involved with the team with the aim of protecting the future of the agency along with its expansion. Graham created the Red Ribbon Ball, which is a key fundraising event for people living with HIV/Aids in our community.

Graham has skills in public speaking, presentations design and marketing and enjoys co-ordinating events and supporting the agency.

### **Executive member – Linda Tock**

Linda joined the executive earlier this year and brings with her twenty years experience of working in the community and voluntary sector. She has experience in the field of community development, substance misuse, young people, mental health and training.

For the last ten years she has been a senior manager and therefore has experience and knowledge of the complex nature of accessing funding for the sector. She has worked at both a grass roots and strategic level. For a number of years she was the Chair of Hull and East Riding Drug Reference groups and a member of the Drug Action Team. More recently she was the Vice Chair of the Local Strategic Partnership before leaving the city for a short period.

Linda has volunteered for a number of organisations including Aids Action for several years where she was proud to say a volunteer with the Aids Line. In terms of knowledge of sexual health she has undertaken a number of research and evaluation projects taking her to the distant lands Mongolia.

### **Executive member – Thandar Hlaing**

**Thandar joined us as a new Executive member at the start of the financial year. We are currently awaiting details of her CV as the business plan went to press.**

### **Company Secretary – Margaret Stevenson**

See write up under senior management roles.

### **Volunteer Representative – David Swyer**

David has been with Cornerhouse since October 2004 working as a volunteer. He was elected onto the executive management committee at the AGM on 12 July 2005 as the volunteer representative for Cornerhouse. David's role is to bridge the gap between the volunteers and the

executive management committee, to voice any ideas or problems that any volunteer may have and bring these before the committee.

The main aspect of the role is to ensure that volunteers' opinions are heard and to contribute to the future development of the organisation by getting volunteers involved with the day-to-day activities and services of the organisation.

### **6.3 Senior Management Roles**

#### **Operations Manager – Pat Barry**

Pat has worked in the voluntary sector since 1989, fulfilling a managerial role for the last 12 years. She has a B.Sc (hons) in Behavioural Sciences, a diploma in Social Care and a counselling certificate. Her client group within the voluntary sector has always been young people and her experience encompasses care leavers, young offenders, teenage mums with learning disabilities and homeless young women.

Pat has considerable experience of working flexibly within a multi-disciplinary team. Within Cornerhouse Pat is involved with the recruitment, selection and supervision of staff; managing policies and procedures and monitoring service delivery. She has experience of research methods and statistical analysis; liaising with local and national agencies; fundraising and representing the organisation on partnerships and forums.

#### **Business Finance Manager – Margaret Stevenson**

Margaret joined Cornerhouse in November 2004 as a finance worker. Her role has expanded during this time and she has now become the business finance manager. Margaret is a qualified accountant, tax practitioner and lecturer with a wealth of experience dealing with organisations in many business sectors.

Within Margaret's senior manager role in public practice she was considered a charity specialist dealing with voluntary and charitable organisation in the North East of England, using her experience and knowledge of Charity Commission requirements; The Charities Act; Corporate; Tax and Employment legislation.

Margaret's role encompasses providing an effective and efficient financial service to Cornerhouse; managing, developing and monitoring the aims and objectives of each service and the organisation as a whole; and instigating the development and implementation of corporate plans, strategy and policy in conjunction with the staff team, in line with local and national priorities.

**Admin Manager – Helen Phillips**

Helen has been a member of the Cornerhouse team for two and a half years. This is her first step into the voluntary sector having worked for the MOD as an Admin Officer for 5 years and a Police Officer for 5 years.

Helen was promoted last year to Admin Manager and is responsible for providing administrative and clerical support to staff and the Executive Management Committee; reception and monitoring daily attendance and staff movements. She is the main point of contact for Health and Safety issues; risk assessment and is responsible for ensuring CRB checks are completed.

## **7.0 Financial Plan**

- We want to be sustainable and finance the growth of our charity by attracting more projects, which would be funded through applications to charitable trusts and solely through cash flow. We recognise that this means we will have to grow slowly and reduce our dependence on current projects funded predominately by local authority service level agreements, as borrowing funds is not an option for us.
- The most important factor in our case is attention to details and to the plan. Therefore, we need to develop a permanent system of communication and accountability between the executive management committee, senior management and staff.
- We are also assuming we have cash reserves on 31 March 2006 of £00,000 according to the Treasurer and business finance manager.

## **7.1 Important Assumptions**

### Income:

1. Funding will be secured and in place for two part-time working women worker posts and one part-time volunteer worker post at the start of Year 2 i.e. FY 2008.
2. Funding will be secured and in place for one part-time Boys & Young Men's worker's post at the start of Year 3 i.e. FY 2009.
3. Current projects and their associated service level agreements will continue over the three-year period and the funding stream keeps pace with the level inflation which has been approximated to 3% per annum.
4. The current support we receive from local charitable trusts will continue for the foreseeable future.

### General Assumptions:

1. Cornerhouse will continue to use National Joint Council (NJC) pay scales with the associated incremental rates for staff.
2. Cornerhouse remain in the same 'rent free' buildings as at present.

## 7.2 Projected Surplus or Deficit

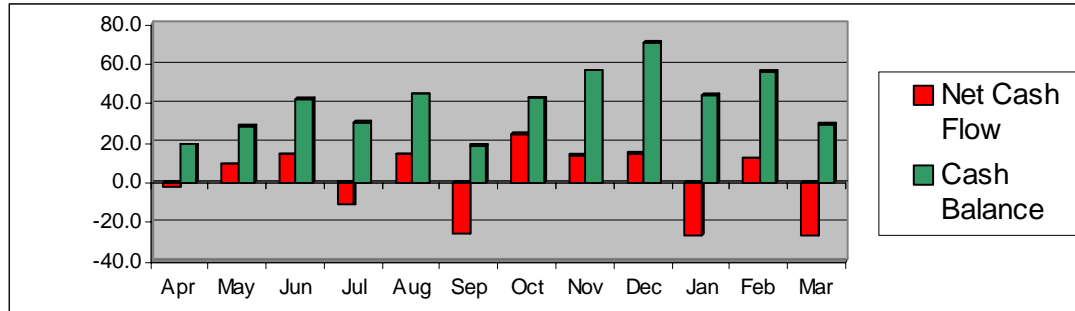
Our projected statement of financial activities (SOFA /profit and loss account) is shown on the following table, with income increasing from £344k in Year 1 to more than £434k in Year 3. Surpluses may be applied to fundraising activities, marketing activities, or held for contingencies.

<b>Surplus and Deficit</b>			
	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
Funding	<b>£344,000</b>	<b>£406,000</b>	<b>£434,000</b>
Direct Cost	£262,600	£318,000	£342,000
Other	£3,700	£3,800	£3,900
	-----	-----	-----
Total Direct Cost	£266,300	£321,800	£345,900
Gross Surplus	£77,700	£84,200	£88,100
Gross Surplus %	29%	26%	25.5%
Expenses:			
Premises and Office Costs	£18,250	£22,300	£24,300
Central Function/Support Costs	£48,500	£50,000	£51,500
Governance & Strategic Development	£3,000	£3,150	£3,300
Fundraising costs	£0	£750	£1,000
Other	£0	£0	£0
	-----	-----	-----
Total Operating Expenses	£336,050	£398,000	£426,000
Net Surplus	£7,950	£8,000	£8,000
Net Surplus/Income	2.3%	2.0%	1.85%

### 7.3 Projected Cash Flow

Cash flow projections are critical to our success. The monthly cash flow is shown in the illustration, with one bar representing the cash flow per month, and the other the monthly balance. The annual cash flow figures are included here and the more important detailed monthly numbers are included in the appendices.

#### Cash Flow Analysis



#### Predicted Cash Flow

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Receipts</b>													
Income -SLA		41	43	41	41		44	41	42		41		334
Fundraising							8		2				10
Tfr from Dep.	25			(25)									
<b>Total Receipts</b>	<b>25</b>	<b>41</b>	<b>43</b>	<b>16</b>	<b>41</b>		<b>52</b>	<b>41</b>	<b>44</b>		<b>41</b>		<b>344</b>
<b>Payments</b>													
Payroll	22.5	22.5	22.5	22.5	22.5	22.5	22.5	22.5	22.5	22.5	22.5	22.5	270
Equipment				0.5									0.5
Utilities		0.25			0.25			0.25			0.25		1
Rates	0.6												0.6
Insurance		5	2.5								2		9.5
Office costs	1	1	1	1	1	1	2	1	1	1	1	1	13
Premises cost				0.6				0.6				0.6	1.8
Professional fees									3				3
Subscriptions										0.5			0.5
Project spends	3	3	3	3	3	3	3	3	3	3	3	3	36
<b>Total Payments</b>	<b>27.1</b>	<b>31.75</b>	<b>29</b>	<b>27.6</b>	<b>26.75</b>	<b>26.5</b>	<b>27.5</b>	<b>27.35</b>	<b>29.5</b>	<b>27</b>	<b>28.75</b>	<b>27.1</b>	<b>335.9</b>
<b>Cash flow for month</b>	<b>-2.1</b>	<b>9.25</b>	<b>14</b>	<b>-11.6</b>	<b>14.25</b>	<b>-26.5</b>	<b>24.5</b>	<b>13.65</b>	<b>14.5</b>	<b>-27</b>	<b>12.25</b>	<b>-27.1</b>	<b>8.1</b>
Bank b/fwd	21	18.9	28.1	42.1	30.5	44.7	18.2	42.7	56.4	70.9	43.9	56.1	
Bank c/fwd	18.9	28.1	42.1	30.5	44.7	18.2	42.7	56.4	70.9	43.9	56.1	29	

## 7.4 Projected Balance Sheet

The balance sheet in the following table shows managed but sufficient growth of net assets, and a sufficiently healthy financial position.

### Projected Balance Sheet for the Three years ended 31 March 2009

<b>Assets &amp; Liabilities</b>	<b>31 March 2007</b> £	<b>31 March 2008</b> £	<b>31 March 2009</b> £
FIXED ASSETS	16,000	14,000	15,000
CURRENT ASSETS			
Debtors	4,000	3,500	5,000
Cash at Bank and In Hand	110,000	117,500	116,000
CURRENT LIABILITIES			
Creditors Due Within One Year	<u>(15,000)</u>	<u>(17,000)</u>	<u>(16,000)</u>
NET CURRENT ASSETS	99,000	104,000	105,000
<b>NET ASSETS</b>	<b>115,000</b>	<b>118,000</b>	<b>120,000</b>
<b>Represented by Funds</b>			
Unrestricted funds	50,000	53,000	55,000
Restricted Funds	<u>65,000</u>	<u>65,000</u>	<u>65,000</u>
<b>TOTAL FUNDS</b>	<b>115,000</b>	<b>118,000</b>	<b>120,000</b>

Finance details are based on the budget for 2006/07; knowledge of the market place and general assumptions.