

WINCHESTER HOSPITALS RADIO



Registered Charity No. 290553

Five Year Plan 2004 to 2008

Adopted by the Executive Committee
on 19th January 2004

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1 Introduction

Winchester Hospitals Radio (WHR) is a registered charity (number 290553), run entirely by a membership of volunteers, with no paid staff. Our primary objective, as set out in our constitution, is “to relieve sickness, infirmity, and old age by providing a local broadcasting service for hospitals, old people's homes and similar institutions in Winchester.” We actually broadcast to patients at the Royal Hampshire County Hospital via the Patientline bedside entertainment system. At the time of writing we broadcast around 4½ hours of live programming each evening, and non-stop music from our computerised radio automation system at other times of the day when we are unable to provide live programming.

This document has been produced by the WHR Trustees to set out our longer-term aims for the charity and the challenges facing us in both continuing to provide our existing service and introducing the improvements that we would like to make. We will then incorporate the requirements (financial and otherwise) that these aims and challenges impose into our shorter-term planning. This document will be updated on an annual basis to take account of developments.

The document has three target audiences:

- the **WHR Trustees/Executive Committee** – to provide them with a longer-term view and framework within which to develop the organisation and the service we provide;
- the **WHR membership** – to provide them with a stable sense of direction;
- **WHR's supporters** – to provide them with a clear understanding of WHR's long-term aims and financial needs.

As stated earlier, WHR has no paid staff and relies solely on the enthusiasm and hard work of its volunteer members. As such, it is often very difficult to define specific implementation dates for service improvements, etc., especially over a longer time period. Before a specific project can be started we need to be sure that we have raised sufficient funds to cover the anticipated costs, and we have to ensure that we have enough manpower to perform the required work. The amount of time that some of our members are able to give to the station can vary considerably over time, making accurate planning almost impossible.

2 WHR History

Hospital Radio came to Winchester on 12th October 1968 with the broadcast of the first programme to the Royal Hampshire County Hospital (RHCH) by the Southampton and Winchester Hospital Broadcasting Association from their studios in Southampton via GPO landline.

In the early 1980s, the RHCH administration approached the Association with a view to improving the contact between patients in Winchester and the radio station. At the same time, the Association was facing a cash-flow problem, and realised that the costs of the landline from Southampton to Winchester were a significant burden.

As a result, a small group of the Association's members, all of whom lived in Winchester, put together a proposal that Winchester should have its own Hospital Radio station. The Executive Committee of the Association gave their blessing to the project and Winchester Hospital Radio (or 'Winchester Radio' as we are known on air) was born.

Now there was "just" the matter of getting a site for the studios, raising the necessary money and actually building them. The hospital management provided accommodation in the form of a couple of rooms in the now-closed St. Paul's Hospital. Grants from the Winchester City Lottery and the Hospital's League of Friends went a long way towards funding the building of the studios. Designing, building and commissioning the studios took over a year.

The civic opening of the studios, and of WHR, took place on 24th September 1984. The pips at 8pm signalled the end of the last programme to come "down the line" from Southampton. Nervous fingers pressed the start button for the WHR jingle and the first programme, "The Sound Remedy" (our patients' request show, broadcast every day without fail since that day) was on air. Miraculously everything worked fine, except for the recording of this historic occasion – someone forgot to press "record" on the tape machine!

These cramped studios in St. Paul's Hospital were home to WHR for the next 8 years. There was only room for one studio, which meant that any training and maintenance had to be undertaken when we weren't broadcasting. If anything major had failed, we would have been unable to broadcast. In late 1989, after many meetings with hospital management, we were offered the use of some rooms in the nurses' old changing rooms next to the Orthodontics Dept on the RHCH site. Although the building was already time-expired and looking rather dilapidated, it was significantly larger than the existing studio and, more importantly, was on the RHCH site – making it much easier to interact with patients in the wards.

A comprehensive studio complex was designed, with two studios, a separate interview studio, record library, engineering workshop, office and kitchen area. £40,000, almost 3 years and much hard work resulted in the official opening of the new studios on 6th June 1992 by guitar legend, Bert Weedon.

We are now able to get up to any of the wards in the hospital within a few minutes. We also have our own landlines that allow us to broadcast live and direct from most of the wards in the hospital. Using our VHF radio link, we can also broadcast live to patients from around town.

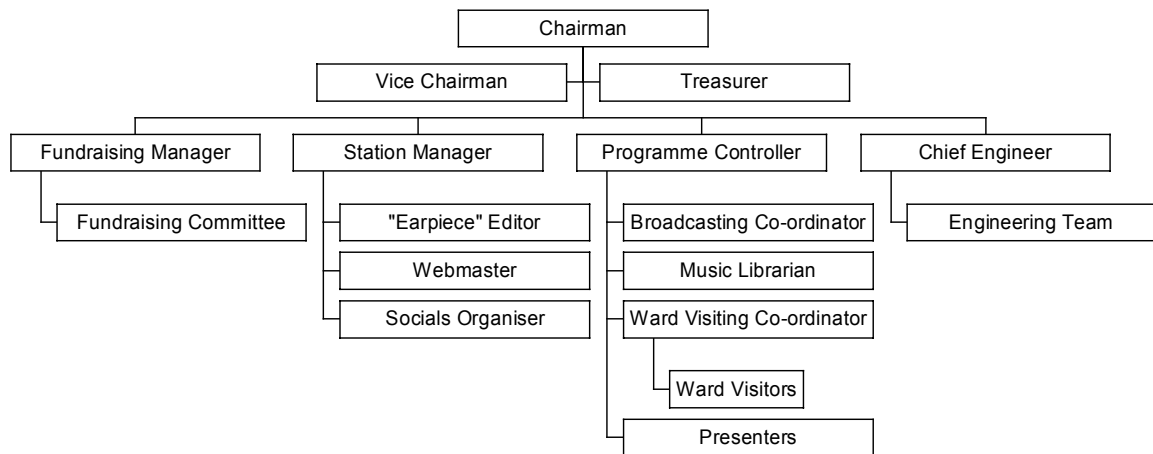
Since the installation of Patientline bedside entertainment systems within the RHCH, for the first time patients can now listen to WHR in hi-fi stereo – a major step forward from the old "plastic pipes" system. This same system allows patients to call the studio free of charge to make requests and take part in competitions. At the time of writing we are busy commissioning a computer system that will allow us to broadcast throughout the day, even though, as volunteers, there are not usually many of us around until the evening.

WHR has had a website since 1997 – www.whr.org.uk. The site receives visits from across the globe. Music requests and dedications for patients have been received from relatives all over the world. A growing number of potential volunteers also make contact with WHR via the site.

3 Organisation

WHR is run by its Executive Committee, the members of which are also WHR's Charity Trustees. The Executive Committee is fully responsible for WHR's finances and management. The committee meets approximately every six weeks: the organisation has been structured, with suitable financial limits set, so that WHR's day-to-day operations can generally continue without needing more frequent formal meetings.

The committee currently consists of seven members: Chairman, Vice-Chairman, Treasurer, Station Manager, Programme Controller, Fundraising Manager and Chief Engineer. In addition to the Executive Committee posts, there are a number of identified non-executive posts and "teams" of supporting members. An Organisation Chart is shown below:



WHR currently has around 55 *active members*, who are regularly involved with the running of WHR, and 15 *non-active members*, who support WHR by simply paying a subscription.

4 Objectives

4.1 Recruitment and Retention of Volunteers

WHR attracts a diverse range of volunteers who range in age from 16 to over 80. People give their time to WHR for a number of reasons, for example:

- To give something back to the hospital;
- To make a difference to their local community;
- To help others;
- To meet people;
- To share an interest;
- To put their skills to good use;
- To develop existing or new skills;
- To gain specific work experience.

Our main sources of recruitment at present are:

- Our website – which details volunteering opportunities and includes an online ‘Membership Interest Form’;
- Fundraising ‘Roadshow’ event – which includes a volunteer-run recruitment desk;
- WHR Sound Remedy ward magazine – which carries information on how people can get in touch and volunteer for WHR;
- The hospital – via the hospital Trust’s Volunteer Co-ordinator, through short articles in the hospital Trust’s Commute magazine and through word of mouth among volunteers and staff;
- Publicity Displays – poster displays each year in places such as the Main Library in Jewry Street and ‘Charity’ windows in the High Street;
- The local press – periodic press releases and/or letters to the editor to coincide with a planned recruitment push at specific times of the year – e.g. Hospital Broadcasting Week, Volunteers Week and WHR’s birthday;
- Radio – in addition to promotion on WHR, we send information to local listings and community features on local commercial and BBC radio stations;
- Local volunteer bureaux and community databases – WHR is listed within a number of local volunteering directories.

In future, we hope to use all of the above channels to attract volunteers and to explore using some other ways to recruit that we have either not used or not fully utilised in the past:

- Talks to local community groups and clubs;
- Stands at Volunteer Recruitment Fairs;
- Articles to local churches and parish magazines;
- Posters on community notice-boards;
- Literature made available in GP surgeries and dentists’ waiting rooms.

Around a third of our volunteers have been members for over 10 years. A number of our volunteers joined us after listening to us as patients in the RHCH.

An initial structured Induction Programme, introduced in March 2002, gives new volunteers a taste of the many different areas of WHR's work, including visiting patients, fundraising, outside broadcasts and the music library, as well as being involved in the studio environment. Volunteers are subsequently offered specific training, depending on their interests. For a number of years, training has mainly focussed on the needs of new volunteers in preference to those of existing members; and has concentrated more on presenter-training rather than any of the other voluntary activities at WHR.

In the future, we plan to extend the modular, structured approach currently used during the induction period to all other aspects of our training. We intend to widen the training opportunities available to volunteers, both new recruits and long-standing members, to ensure that they have the skills necessary to help WHR deliver a professional-sounding service to patients. This training will be complemented by reference material in the form of "best practice" guides. It is hoped that this initiative will ensure that everyone works to the high standards to which WHR aspires.

At present we organise 4 social get-togethers for our volunteers during the course of the year. These events provide a valuable opportunity for members of the team to meet and catch up. It is quite usual that many members, who volunteer on different days and at varying times, do not see each other regularly, and these planned get-togethers are a way to address this by bringing people together.

Surveys amongst our members have helped us identify some of the key factors in retaining volunteers:

- Keeping members up to date on station activities and external issues that affect WHR (be they within the realms of the NHS, hospital broadcasting, radio generally or charity matters);
- Involving members in any developments at WHR and, where appropriate, soliciting their input in decision-making;
- Offering training opportunities in areas of WHR's work which will not only develop individual skills, but be of immediate benefit to our audience on the wards.

These three areas: communications, involvement and training, are motivators to many people who give their time as volunteers. We are very good as an organisation in keeping members informed (notably through our members' newsletter 'Earpiece'), and have made many attempts to get volunteers more involved in station activities and the direction the charity is taking. We can do more, however, to develop members' skills, and perhaps need to look at more flexible ways of getting people involved in WHR's work.

We plan to work towards:

- Increased modular training sessions – seminars and/or workshops covering areas such as ward visiting, audio editing, interviewing techniques, broadcast law etc.;
- Refresher training sessions – run periodically to meet volunteers' needs, on topics such as Health & Safety;
- Monthly social get-togethers – by increasing these to one a month, we will be able to provide more team-building opportunities for members;
- Increased delegation of special projects to individual members – by delegating specific tasks that have defined start and end dates (e.g. a fundraising event, Christmas programming schedule, a publicity display, etc.) we will be able to give people ownership of a task that they can see through from inception to completion. This will be beneficial to WHR in many ways:

- Enabling members who perhaps can't make a regular weekly commitment to WHR to get involved with a one-off project;
- Enhancing individual skills and aiding personal development;
- Encouraging greater team work and interaction with other members;
- Improving morale by offering new opportunities and a wider variety of tasks;
- Achieving our objectives within a shorter time-frame;
- Increasing the number of volunteers who have the knowledge to undertake a similar task in future;
- Giving members the experience and confidence to potentially become future Trustees.

The member running each project will be supported by a member of the Executive Committee who they will directly report to, and liaise with, on progress of the project.

4.2 Programming

Hospital Radio in general, and WHR specifically, still has a valid place in the broadcasting field. This place is not simply to emulate the growing number of national, regional and local TV and radio stations, which provide a varied selection of music and speech programmes. Over many years, WHR has built up a good reputation of supplementing the above by providing a unique service specifically tailored to the patients, relieving their boredom and anxiety whilst in hospital. We must continue to do this.

The average stay of patients in hospital has noticeably reduced in the last 10 years, and many patients never come into any direct contact with WHR, despite the visiting rota which tries to visit each ward at least once a week. WHR therefore needs to investigate ways of improving patient reach.

WHR carries out regular Audience Surveys to ensure it understands the demographics and preferences of its audience. These will continue. In addition, we are (currently only occasionally) able to obtain detailed listening figures from Patientline which enable us to identify the times of day when patients prefer to listen to the radio, and the types of programme that are most popular. Using the information obtained from both of these sources, our programme output will be adapted to match changes in the patients' requirements.

A number of programming objectives have been agreed, all of which require greater manpower, and further training of the WHR volunteers, as well as, in some cases, financial investment:

- **Increased ward visiting** – The ward-visiting that our members do is just as important as the radio programmes we broadcast. Many people in hospital do not get regular visits from friends and family. The friendly face of our Ward Visitor looking for a chat, as well as a record request can be a welcome distraction. Our ward-visiting rota is currently based around visiting wards once a week. This is usually done in the afternoon or early evening, sometimes by the presenter of that day's "Sound Remedy" request programme, sometimes by a separate visitor. Ideally, the visitor has time to stop and chat with patients as well as collecting a record request, but depending on who is visiting the wards and the timing of their visit, this is not always possible. We would like to increase the amount of ward-visiting so that we have regular afternoon visitors able to stop and chat to patients, visiting wards twice a week. We are also encouraging our presenters, many of whom do not regularly meet their audience, to visit the wards prior to presenting their programme.
- **More interactive programmes with increased patient involvement** – we currently broadcast our "Sound Remedy" request programme live from Bartlett Ward each Wednesday evening. We would like to increase the number of programmes broadcast live from the wards, and also increase the patient involvement in our other live programming, making full use of our portable recording equipment and the Patientline free telephone facility from the bedside direct to WHR.

- **24-hour broadcasting** – We are part-way through the project to launch ARCHIE (All Round the Clock Hospital Inpatient Entertainment), whereby WHR programmes are broadcast 24 hours a day instead of only a few hours in the evening. At the time of writing, we have just launched the first phase of this project – a music jukebox style service outside of our core live broadcasting hours. However, there is a huge amount of additional work required before we can launch the full service which will consist of a combination of pre-recorded programmes, comedy and all genres of music, together with up-to-date news and information about services for patients.
- **Repeat our evening request programme the following morning** – Despite requesting a particular music track to be played on “The Sound Remedy”, patients often fall asleep, are not feeling well enough to listen or have visitors when the time comes, and therefore miss their requests. WHR would like to have a facility to automatically record and replay the programme to the patients the following morning as part of our 24 hour broadcasting schedule.
- **Extended live, interactive programming at weekends and at Bank Holidays** – Whilst our new automation system will allow WHR to broadcast 24 hours a day, 7 days a week, it is much better to be able to broadcast a live interactive programme that engages patients rather than a pre-recorded music programme that simply distracts them. We would therefore like to see increased live broadcasting at weekends and at Bank Holidays – and indeed, whenever else presenters are able to come to the studio.
- **More live outside-broadcasts and pre-recorded events** – Currently WHR does not do many live outside broadcasts from events in Winchester and the surrounding area, nor do we record and edit for later broadcasting, concerts that have been performed locally, etc. This type of programming will give more variety to our output, and also raise WHR’s public profile. WHR has digital recording and editing equipment to enable recordings to be made at events around the area and edited into programmes. We have recently acquired a Transit van from the NHS Trust to transport the equipment to the venue; when fully equipped it will be a powerful tool. Live outside broadcasts are also possible from locations within a couple of miles of the studio using our VHF Radio Link, although there are some technical improvements required to the transmitter and aerial systems to increase the range to its full potential. The estimated cost of equipping the van to be fully effective is detailed in section 5.2.2.
- **Extend our output to the Outpatients, A&E and Breast Screening waiting rooms** – WHR currently only broadcasts to inpatients. With the launch of our 24 hour service, we will be in a position to offer a useful service to the hospital’s outpatients in place of the ad-hoc arrangements for entertaining those waiting for their appointments at the moment. In the longer-term, therefore, we would like to extend our output to the Outpatients, A&E and Breast Screening waiting rooms. The timescale for meeting this objective is not clear at this point, as agreement would have to be reached with the NHS Trust, and we understand that there are plans to relocate some of these facilities within the hospital site. The provision of such a service will require new land-lines and speakers to be installed, and the payment of copyright fees to the Performing Rights Society (copyright fees being waived for our service to inpatients).

4.3 Publicity

Communications and Publicity fall within the remit of the Station Manager. At the moment, the following publicity is produced:

- **Programme Guides** – Updated when schedules change, usually quarterly;
- **Press Releases** – As required, especially before and after fund-raising events;
- **Members’ Newsletter** – Bi-monthly;
- **Ward Magazine** – Approx every 18 months.

- **Website** – Updated as appropriate.

To meet our goals of improving the service we provide to patients, WHR needs both more income and more volunteers. Publicity is vitally important to us in obtaining these. Unless the public knows that we exist, and is aware of the special service that we provide to patients, we will neither get more volunteers nor the money we require to both continue and expand.

We need to increase the amount of publicity about WHR within the hospital and in the local community, and get the message across that WHR is a worthy charity to donate time and/or money to.

Within the next 5 years, it is hoped that the “Patientline” bedside entertainment units will be upgraded to support internet access. We need to be in a position to fully benefit from this in terms of our own internet connectivity, so that we can utilise this medium to interact with our audience in a similar way to other radio stations. To enable us to do this, we will need a permanent connection to the internet from our studios, rather than the dial-up connection we have today.

Other ways in which we hope to improve our profile within the hospital in the next 5 years are:

- To get some WHR notice-boards etc. around wards and main hospital corridors;
- Link in with main patient information point at Butterfield reception;
- To get a WHR flyer included in the patients’ admissions pack;
- To submit an article for every edition of the Trust’s staff magazine, ‘Commute’;
- To get funding or sponsorship for WHR-branded patient give-aways – pens, mugs, coasters and keyrings, etc.;
- Link in with WRVS shop in the hospital.

Ideas to improve our profile within the local community include:

- WHR info bookmark to distribute in local libraries;
- Distribution of WHR literature to local doctors’ surgeries and dentists;
- Volunteering feature to appear in local parish and community magazines/newsletters annually;
- Community displays – aim for 4 to 6 a year;
- Closer working relationship with WACA, volunteer bureaux and local community groups;
- Link in national volunteering events such as Hospital Broadcasting Week (April), Volunteers’ Week (June), Make a Difference Day (October);
- A press release to go out once a month.

4.4 Fundraising

As a charity, apart from the small annual subscription that we charge our members, our income is derived entirely from fund-raising and donations. This income is needed to:

- Meet ongoing running costs;
- Provide new and improved services to patients;
- Build a contingency fund to cover relocation, new studios etc.

Currently, the majority of WHR’s fundraising comes from four sources:

- Our annual Supper Quiz night;

- Collection days in town centres and at local supermarkets;
- A proportion of the advertising revenue from our Ward Magazine;
- Donations of profits by Steven Wills from sales of CDs on his “Codename Music” record label.

Whilst these sources of funding have kept us afloat for the last few years, in general the amount raised through these activities is on the decline. The above events are not always guaranteed due to competition from other organisations, so we need to find other ways of raising income.

Past experience has shown that high-profile events can raise lots of money – for example the charity premiere of the Jane Austen film “Mansfield Park” in 2000 brought in over £3000. However, care must be taken to ensure that, when staging these events, the risk of financial loss is minimised.

WHR should also investigate the following methods of fundraising:

- Payroll giving
- Corporate giving – either of money or goods
- Grants from charitable trusts
- Lottery funding
- Programme sponsorship

See Section 5 for the projected requirements over the next five years.

4.5 Studio Relocation

As was noted in Section 2, WHR’s current accommodation has a limited life expectancy, partly because of its ageing fabric, and partly due to the probability of the site being redeveloped by the NHS Trust. WHR has been verbally promised new accommodation elsewhere on the RHCH site at the time of any redevelopment of its current location.

Although the NHS Trust currently has no plans for redevelopment, WHR keeps close contact with the Trust’s management so that it may gain maximum notice of any redevelopment. The Chief Executive of the NHS Trust has always stated to WHR that we will get around 2 years’ notice of the requirement to vacate the existing studios.

WHR must therefore plan to relocate the studios within the lifetime of this document, and do so in a much shorter time than it took to raise the funds and move from St. Paul’s Hospital.

WHR's ability to respond to the time-scales which might emerge from the NHS Trust's future plans, when announced, will be determined on several factors, including:

- The level of funds held in reserve for such needs;
- WHR's degree of success in raising funds in the community in the short term;
- Any financial assistance which WHR can negotiate from the NHS Trust.

It is anticipated that we will be able to re-use most of the current studio equipment in the new studios - including computers, CD players, turntables, mixing desk, etc. Some of the centralised (i.e. shared) equipment will not be able to be reused, as it will need to be in use in the current studio whilst the equivalent facility is being commissioned in the new studio. New cabling / connectors will also need to be installed, the cost of which should not be under-estimated.

The land-lines connecting WHR's output to the Patientline control room and thus the patient head-sets, along with the 9 land-lines used to broadcast from the wards, will all need to be relocated to the new studio.

The WHR Executive Committee has agreed to create and expand a "contingency fund" ready for when we have to move studio sites. This requires that for the next few years we budget to spend less than our annual income. Given that our financial controls are such that we don't spend money unnecessarily, in effect this means that we need to increase the amount of fundraising income.

A budgetary forecast for the potential relocation is included in Section 5.3.

5 Projected Income and Expenditure

5.1 Base Expenditure

Based on our accounts for the last 5 years, our predicted minimal annual expenditure for the next 5 years is as shown below. This assumes that there are no major equipment failures, no significant expenditure on studio or service improvements, and no unexpected costs.

Station Administration		
Telephone, postage, stationery, office consumables, etc	£650	
Insurance	£500	
		£1150
Broadcasting costs		
Music library	£500	
Licences (Radio mics, radio links, IRN news, TV)	£400	
Studio consumables (tapes & discs, etc., styli)	£300	
		£1200
Communications and Publicity		£150
Engineering:		£500
(spares, repairs, minor improvements & upgrades)		
Outside Broadcast van running costs		£1200
	Total	£4200

In general, this expenditure is expected to stay relatively constant over the next five years, especially as inflation is at a very low level at the moment. There are two areas of concern:

- **Licences** – for many years, copyright fees payable for broadcasting music have been waived by all the copyright collecting societies for hospital radio stations whose signals are confined to the hospital buildings. Phonographic Performances Ltd (PPL) have recently stated to the Hospital Broadcasting Association (HBA) that they intend to charge hospital radio stations to broadcast music and to hold music electronically on computer playout systems. The HBA are still in negotiation with PPL over the exact fees and details of the licences, but the latest offer from PPL is an annual broadcasting fee of £100+VAT, and a one-off fee for a licence to hold a limited number of music tracks on computer.
- **Insurance** – insurance premiums in general have risen considerably over recent years. We are currently insured through a group policy organised on behalf of hospital radio stations nationally by HBA Enterprises Ltd. This provides us the required cover at a very advantageous rate – a recent review showed that it was almost impossible to find cover through other insurance brokers, and when cover was offered, the premium was in the region of £1750 p.a. If the HBA Enterprises scheme, or an equivalent scheme is not available, or the underwriters of such a scheme substantially increase their premiums, then our insurance costs will increase dramatically.

5.2 Other Expenditure

5.2.1 Playout System Upgrades

In 2004, we will need to upgrade the operating system on the computers that run our automated playout system. We currently use Windows 98, for which Microsoft are in the process of withdrawing support. There will be virtually no support after January 2004. As a consequence, P Squared Ltd, the supplier of our playout system, have announced that they will not support future

releases of their software on this operating system. The cost of upgrading our playout system to Windows XP, including the consequential hardware upgrades will be around £800. For compatibility reasons, we may also need to upgrade our office PC, with an estimated cost of £600.

Our software licence for the playout system entitles us to free upgrades to all future 2.x releases of the “Myriad” and “AutoTrack” components. However, it is anticipated that during the next 5 years, v3 will be released – in fact v3 of “AutoTrack Pro”, the fully-featured version of “AutoTrack” has already been released. Obviously upgrade costs are not available at the moment, but can be anticipated to be several hundred pounds.

5.2.2 Equipping the Outside Broadcast Van

As explained in Section 4.2, WHR purchased a Transit Van from the NHS Trust to enable us to more easily get out into the community and record events or broadcast them live to the patients. To enable us to make full use of the van, it needs to be fitted-out to house Outside Broadcast equipment, and further equipment needs to be purchased to complement our existing Outside Broadcast equipment.

An estimated £6000 is required to complete this project.

5.2.3 Landlines to Outpatients, etc.

As explained in Section 4.2, it is our long-term objective to serve outpatients in waiting rooms such as the main Outpatients Dept., Breast Screening and A&E. To enable us to do this, we will need to provide landlines to these waiting rooms from our studios. We already have a network of landlines that feed our signal to the “Patientline” bedside entertainment system and allow us to broadcast live from most wards in the hospital. We will need to extend this network to serve the additional areas. It is not possible to cost this at the moment, as some of the facilities will be relocating within the hospital site; however, the cost will be several thousand pounds.

5.2.4 Internet Access

As explained in Section 4.3, it is anticipated that a permanent connection to the internet will be a necessity within the next 5 years from a communications and publicity perspective. Such a connection would also bring other benefits, such as access to news stories and other content that can be included in our programmes.

Many other hospital radio stations have obtained internet connectivity through their NHS Trust’s network, and WHR would hope to be able to do likewise. This would keep our costs to a minimum. There would be no annual costs, just a one-off purchase of a router/firewall (estimated £200) and possibly an installation fee to provide the cabling to our studios.

If we are unable to gain internet connectivity via the NHS Trust, we would have to look at getting our own broadband connection which would cost us around £40 per month, plus a one-off equipment purchase (estimated £200) and possibly an installation fee to have the telephone line installed.

5.3 Studio Relocation

As discussed in Section 4.5, WHR is planning for the relocation of our studios elsewhere on the RHCH site at some point in the future. Whilst it is very difficult to predict the overall cost of such a move, as so much depends on where we move to, we have attempted to put together an estimated cost of such a relocation which is presented, in summary form, below.

Three estimates for equipment costs have been prepared. The first is based on our being able to relocate and re-use the vast majority of our existing equipment. The second and third options are based on the premise that new equipment will be purchased to replace the existing equipment, the vast majority of which is already over 10 years old. Costs have been estimated based on both basic

“budget” equipment and more professional equipment which gives extra flexibility and (hopefully) a longer useful life.

Two estimates have been included for associated building work. These figures are indicative only. Actual costs will depend very much on what work needs to be done.

	Low Price Reuse equipment wherever possible. Lots of DIY involved	Medium Price Purchase new “budget” equipment	High Price Purchase new professional equipment
Equipment Costs			
Central Facilities	£2150	£14100	£14800
Studio Equipment	£300	£17140	£30700
Woodwork	£2150	£6200	£10500
Miscellaneous	£2450	£5800	£6800
Total	£7050	£43240	£62800
	Minimal Work	Major Work	
Building Work			
Studio-related	£11400	£46000	
Non-studio	£500	£2750	
Total	£11900	£48750	

The table shows that a studio move is unlikely to cost much under £20,000. At this level, a significant disruption to our service to patients is inevitable as equipment will need to be relocated and recommissioned in the new studios. The ability to purchase at least some new equipment will minimise this disruption and, at the same time, provide us with equipment that should provide us with good service for many years.

Depending on the amount of building work necessary, the table shows that relocating our studios could cost well in excess of £50,000 and, in the extreme, could be over £100,000.

5.4 Base Income

Based on our accounts for the last 5 years, our predicted basic annual income for the next 5 years is as shown below. This assumes that we continue to have approximately the same number of members, and run the same fundraising events each year.

Membership Subscriptions	£600
Miscellaneous Donations	£250
Gift Aid tax refund	£150
Bank Interest	£100
Fundraising	
Supper Quiz	£900
Collection Days	£2000
Birthday week Fundraising Events	£300
Patients’ Magazine*	£800
	£4000
Total	£5100

* We usually produce our Patients’ Magazine every 18 months, and expect to raise £1200 from the advertising sales. This has been averaged to £800 p.a.

In general, this income is expected to stay relatively constant over the next five years.

5.5 Other Income

In addition to the base income listed above, each year we receive a variety of one-off donations. We also try to stage additional fundraising events to increase our income.

Over the next 5 years we intend to try to increase the income we receive from charitable trusts and the corporate sector, as explained in Section 4.4.

For the last 3 years, we have benefited from a substantial income from the fundraising efforts of one of our members who produces and sells specialist music CDs to a niche market. He donates all proceeds to WHR. In addition, we have received donations from his employers who provide a certain amount of “matched funding” for charitable fundraising undertaken by their employees. In 2004, the total income from this enterprise was over £3750 – over 40% of our total income. As this is the result of one single, highly-motivated individual, we cannot rely on receiving this income in future years.

6 Conclusion

WHR has been serving patients at the Royal Hampshire County Hospital since 1984. We are a valued part of the hospital community, and have the full support of the NHS Trust. Over the next 5 years, WHR intends to improve its service to patients in many significant ways, providing a clear distinction between our service and that of other radio stations available to patients via their bedside entertainment system.

In this document we have explained in detail a number of major objectives that we have set ourselves over the next 5 years, and the reasons behind those objectives. We have provided budgetary estimates for the general running costs of the station and for expenditure associated with our objectives. We have also estimated our income over the same period.

Comparison of the base income detailed in Section 5.4 with the base expenditure detailed in Section 5.1 shows that WHR expects to raise just enough money from its core income sources to keep the service running, pay the additional copyright fees that will become due, and to fund some modest purchases of equipment needed to replace or upgrade our facilities. Significant upgrades to our facilities, such as those set out in Section 5.2, cannot be funded without income from non-core sources.

Although WHR has some money in reserve for eventualities such as the studio relocation, unless the overall income is increased, it is difficult to see how this will grow such that we have sufficient to fund such a move.

To enable WHR to continue to thrive and meet our objectives of better serving the patients, WHR needs to:

- **recruit more members** to relieve some of the burden from our small core team of enthusiastic volunteers
- **increase our core income** by staging more fundraising events
- **attract donations** from companies and charitable trusts, either for general funds or for specific projects.