Home Health Agency Business Plan

Aire Community Nursing Leeds

DOCUMENT GUIDE

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Home health agency business plan Version 1.0 3 October 2026

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Reading this business plan

This plan evaluates a proposed Leeds clinical home nursing agency. No demand, premises, clinical competence, quotations or funding are secured. Verify the operating gates and companion model before a launch decision.

Update the entire native contents table after editing. Refresh the companion workbook and plan together after saved input changes.

01 / OVERVIEW

Executive summary

Proposed Leeds clinical home nursing operating and financial decisions.

The proposal

Aire Community Nursing Ltd is a proposed private home health agency in Leeds. It would provide planned adult nursing visits for wound care and clinical review in patients' homes. This plan supports an owner and prospective lender deciding whether to finance registration, paid preparation and a controlled launch. The company name, ownership, office, clinicians, insurance and funding are unconfirmed.

Conditions for viability

Patients would contract directly for clinically appropriate one hour or half hour visits. The agency supplies treatment, rather than supplying temporary staff to another provider. No NHS, council or insurer contract is assumed. Domestic personal care, medicines administration, invasive procedures, emergency response, overnight cover, paediatric care and rehabilitation disciplines are outside the launch scope.

Decision metric	Base planning forecast
2027 direct revenue GBP	208,800
2027 EBITDA GBP	(147,432)
2029 EBITDA GBP	45,227
Minimum cash including opening GBP	76,901
Downside reserve funding need GBP	535,691

Operating decisions

Base 2027 revenue is £208,800 and EBITDA is (£147,432), including all six paid roles. Base 2029 EBITDA is £45,227, dependent on an unvalidated ramp to paid-hour capacity. Proposed £300,000 funding leaves minimum cash £76,901, including opening. Downside cash reaches (£475,691) and needs £535,691 additional uncommitted funding to retain the £60,000 policy reserve. Proceed to evidence and contracting only; registration, competence, indemnity and funded continuity are launch gates.

02 / BUSINESS

Business details

Proposed Leeds clinical home nursing operating and financial decisions.

Business activity

The proposed entity is an English private limited company with one administrative office in Leeds. Incorporation, trading-name clearance, shareholder details, contact information and the exact address remain to be supplied. January 2027 begins the financial forecast. Base assumes first visits in March after two fully paid preparation months; Downside postpones first visits until July.

Evidence and next decision

The initial territory would be a small contiguous Leeds route that can support the modelled travel allowance. It is not the entire local authority. A clinical manager must confirm registration scope, referral information, consent, exclusion criteria and escalation arrangements before booking treatment. No lease or staff contract should become unconditional without evidence of funding and the actual approval path.

03 / STRATEGY

Business concept and objectives

Proposed Leeds clinical home nursing operating and financial decisions.

Our concept

The concept is scheduled clinical home care for adults who need an assessed nursing intervention and can pay directly. A named clinical manager oversees care plans and three employed field nurses deliver visits. A paid coordinator organises appointments and invoices. The paid owner handles finance and employer duties; neither owner nor manager contributes routine billable visit hours in the forecast.

First year priorities

Before launch, establish whether buyers value the offer enough to pay the proposed fee, rather than assuming NHS waiting times create a market. Seek voluntary interviews with potential buyers and clinical professionals, without obtaining patient lists or paid referrals. Rehearse consent, record transfer, infection prevention, lone working and incident escalation. Year 3 growth remains limited to the same paid team and safe route.

04 / STRATEGY

Business model canvas

Proposed Leeds clinical home nursing operating and financial decisions.

Scope and evidence

The paying customer is an adult patient or an authorised representative purchasing a clinically suitable visit. Value is an agreed appointment, competent treatment, clear records and a transparent fee. Enquiries reach the agency through published information, telephone contact and unpaid professional signposting. A referral or enquiry produces no revenue until an agreed visit is actually delivered.

<table>
<tr><td rowspan="2">Key partners
Qualified paid advisers; consumables; clinical waste</td><td>Key activities
Screen assess deliver document escalate</td><td rowspan="2">Value propositions
Planned competent nursing; clear appointment and fee</td><td>Customer relationships
Informed consent; named clinical lead; necessary follow-up</td><td rowspan="2">Customer segments
Eligible adults in contiguous Leeds route; direct payers</td></tr>
<tr><td>Key resources
Manager three nurses coordinator secure records cash</td><td>Channels
Published information phone unpaid signposting</td></tr>
<tr><td colspan="2">Cost structure
All six salaries NI benefits gross supplies mileage fixed costs</td><td colspan="3">Revenue streams
Delivered direct clinical visit fees only</td></tr>
</table>

Business model canvas

The core resources are the clinical manager, three paid nurses, coordinator, secure records, reusable nursing equipment and working capital. Suppliers provide consumables, mileage support, clinical waste collection and professional advice. Income is the direct visit fee. Costs include all six employees, employer contributions, travel, materials, compliance, insurance and debt service. No diagnostic product, referral commission or public reimbursement is included.

05 / STRATEGY

SWOT and longer term goals

Proposed Leeds clinical home nursing operating and financial decisions.

SWOT assessment

S1 is a designed separation between clinical oversight and billing. S2 is a narrow route and explicit paid-time limit. Neither is an established reputation. W1 is unproven private demand; W2 is a large payroll commitment during registration and ramp. O1 is demand for predictable, well explained appointments that must be tested. T1 is existing NHS and private alternatives; T2 is clinical harm, registration delay or loss of a qualified nurse.

Years three to five

The longer term objective is reliable continuity with positive cash after paid labour, materials, equipment renewal and principal. Expansion, specialist procedures and new payer contracts are outside this forecast. Years 4 and 5 need a separate staffing and device-renewal plan. A second territory should require outcome audits, actual route productivity and independently verified funding.

Strengths	Weaknesses
S1 Clinical oversight separate from billing	W1 No validated private demand
S2 Narrow paid route capacity	W2 Six salaries during preparation
Opportunities	Threats
O1 Test demand for planned appointment clarity	T1 Existing public and private alternatives
O2 Learn actual route productivity	T2 Clinical harm or loss of qualified cover

06 / STRATEGY

TOWS strategy matrix

Proposed Leeds clinical home nursing operating and financial decisions.

Scope and evidence

SO combines narrow routing and clinical oversight with a testable appointment offer. WO addresses absent demand by interviewing eligible buyers before a long lease. ST uses documented scope and escalation to reduce avoidable clinical harm. WT preserves paid preparation and a funded continuity plan rather than lowering competence requirements when cash is tight.

SO Strengths and opportunities S1 and O1: test appointment clarity with clinical review.	WO Weaknesses and opportunities W1 and O1: interview eligible buyers before fixed commitment.
ST Strengths and threats S2 and T2: route and competence caps prevent unsafe intake.	WT Weaknesses and threats W2 and T1: fund paid preparation and downside continuity.

TOWS strategy matrix

Action	Evidence	Owner	Gate
Clinical readiness	Registration competence indemnity	Manager	Before intake
Demand and funding	Buyer study proof of funds	Owner	Before commitment

The owner is accountable for evidence and funding; the clinical manager can decline inappropriate visits and stop unsafe intake. A marketing interview does not establish clinical eligibility or a referral contract. A registration application does not establish approval. If a nurse is unavailable, reduce bookings within the remaining paid hours or contract qualified paid cover only after its cost and supervision are confirmed.

07 / STRATEGY

Owner and management

Proposed Leeds clinical home nursing operating and financial decisions.

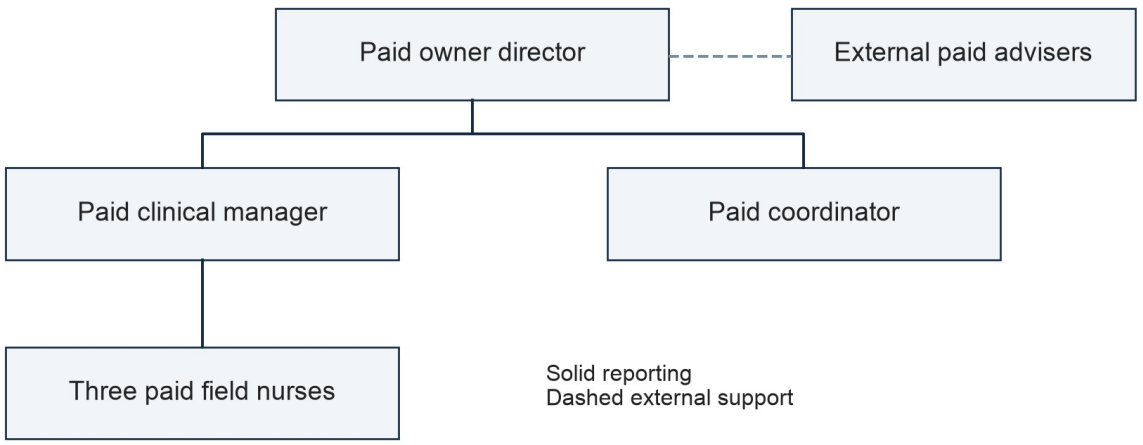
Ownership and experience

The paid owner director is responsible for finances, employment, contracts and business complaints. The clinical manager reports to the owner and controls admission, care plans, supervision and clinical incident review. Three field nurses report clinically to that manager. The nonclinical coordinator reports to the owner and follows approved booking rules. External legal, accounting and insurance advisers support the business under paid contracts.

Management responsibilities

Base annual gross salaries are £48,000 for the owner, £52,000 for the manager, £38,000 for each of three nurses and £30,000 for the coordinator. Each role has 37.5 paid hours weekly. The manager's work is supervision, governance and case review, with no routine billable capacity assumed. Owner management work is paid and does not substitute for a missing nurse.

Role	Responsibility	Capacity basis
Owner director	Finance employer contracts	Paid; no visits
Clinical manager	Care plans supervision stop authority	Paid; no routine visits
Three nurses	Assessed in-scope visits	Paid hours less leave and visit overhead
Coordinator	Appointments consent administration	Paid administrative cap
External advisers	Legal accounting insurance	Paid contracts; dashed support



Six paid reporting roles. Solid lines report; dashed lines show external paid support.

08 / PEOPLE

Owner and key personnel profiles

Proposed Leeds clinical home nursing operating and financial decisions.

Relevant background

Actual names, ownership proportions, references, availability and experience must be recorded before hiring or borrowing. The owner is not assumed to be a clinician. The manager candidate needs verified registration, relevant community experience and competence to oversee the defined service. Every field nurse requires current NMC registration, references and task-specific practical assessment.

Other owners and shareholders

No founder qualifications, client network or previous results have been invented. Paid induction must establish safeguarding, consent, record security, escalation and lone-working competence. Arrange verified management cover during leave. The coordinator must understand the boundary between administrative booking and clinical decisions; the role cannot assess wounds or change a care plan.

Role	Required proof; Current status
Owner	Identity ownership experience funds; Unverified
Clinical manager	NMC registration community competence CQC suitability; Candidate unconfirmed
Field nurses	Current registration references practical competence; Not hired
Coordinator	Consent record and scheduling skills; Not hired

09 / MARKET

Target customers

Proposed Leeds clinical home nursing operating and financial decisions.

Priority customers

The primary target is an adult in the proposed Leeds route requiring planned wound care or follow-up nursing assessment that fits the team's proven competence. The patient or authorised payer must understand the fee and consent to the service. Availability of suitable NHS care should be explained where relevant; inability to access an appointment is not proof of willingness or ability to pay.

Purchase occasions

Clinical eligibility, home safety, travel time, informed consent and continuity requirements determine acceptance. Exclude emergency deterioration, unscheduled overnight needs, invasive procedures and medicines administration. Refer needs outside the scope through an appropriate clinical pathway. Marketing must not promise universal access or guaranteed healing.

10 / CUSTOMER STRATEGY

Segmentation targeting and positioning

Proposed Leeds clinical home nursing operating and financial decisions.

Scope and evidence

Segment by clinical need, visit duration, route location, frequency, accessibility and payer authority. Start with routine planned adult needs within verified competence and a contiguous route. Half hour reviews are offered only when the clinical manager finds that duration adequate. Complex or urgent needs are not converted to a shorter visit merely to improve margins.

1 Segment	2 Target	3 Position
Clinical suitability; route; duration; frequency; payer authority.	Planned adult wound care and review within verified competence.	Private scheduled nursing with named clinical oversight and transparent fees.

Segmentation targeting and positioning

Segment	Clinical need	Economics	Priority
Planned adult	Eligible wound care and review	160 long / 100 short GBP assumed	Within route and competence
Complex or urgent	Outside launch scope	No forecast revenue	Appropriate clinical referral

Position as planned private nursing with a named clinical lead, explicit scope and transparent fees. This is a proposed position, not an established superiority claim. Evidence would include completed records, appointment reliability, appropriate escalation and resolved complaints. NHS and private providers already offer clinical home services; do not invent their quality scores or imply public services are uniformly unavailable.

11 / CUSTOMER STRATEGY

Value proposition canvas

Proposed Leeds clinical home nursing operating and financial decisions.

Scope and evidence

The patient needs safe treatment, understandable instructions and coordination with their existing clinical team. Pains to test include uncertain appointment timing, difficulty travelling and unclear inclusions. Desired gains are a suitable appointment and accurate care records. No patient satisfaction survey, outcomes study or testimonial has been collected.

Customer profile Adult requiring suitable planned clinical care at home.	Value map Screened visit and documented follow-up within competent scope.
Customer jobs Obtain care understand instructions coordinate existing team.	Products and services One hour nursing and suitable half hour review.
Customer pains Travel difficulty appointment uncertainty unclear inclusions.	Pain relievers Agreed time scope fee and accessible communication.
Customer gains Reliable clinical record and appropriate continuity.	Gain creators Named manager care-plan reassessment and safe escalation.

Value proposition canvas

The proposed offer is a clinically screened visit with an agreed duration, fee and follow-up plan. Pain relief depends on consent, good communication and competent delivery. Gain creation comes from a reliable record and appropriate escalation, not a guarantee about recovery. Family involvement requires authority and patient wishes; a payer is not automatically entitled to unrestricted medical information.

12 / MARKET

Market size and trends

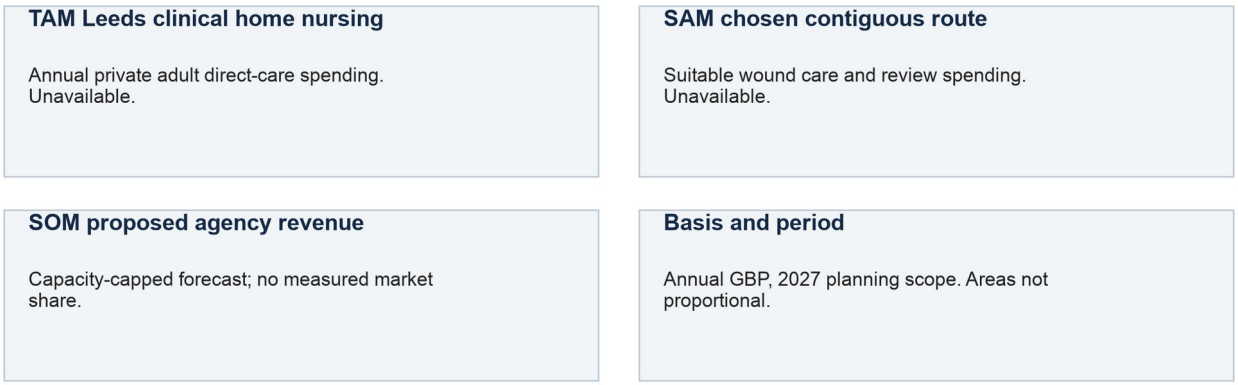
Proposed Leeds clinical home nursing operating and financial decisions.

Market scope and trends

For this plan, TAM is annual spending on clinically appropriate private adult home nursing visits across Leeds; SAM is that spending within the chosen route and launch scope; SOM is the agency's achievable delivered revenue. Reliable private spending, eligibility and conversion data have not been established, so TAM and SAM remain unavailable. Areas in the scope figure are not proportional.

Sizing method

ONS reports approximately 812,000 Leeds local-authority residents in Census 2021, against 751,500 in 2011 [R6]. This is dated geographic context, not a count of patients or paying visits. The forecast is a capacity-capped hypothesis. Obtain evidence on clinical need, route concentration, NHS eligibility, actual alternatives and willingness to pay before stating market share.



Market size and trends proposed Leeds nursing framework, 3 October 2026. Unverified gates are shown explicitly.

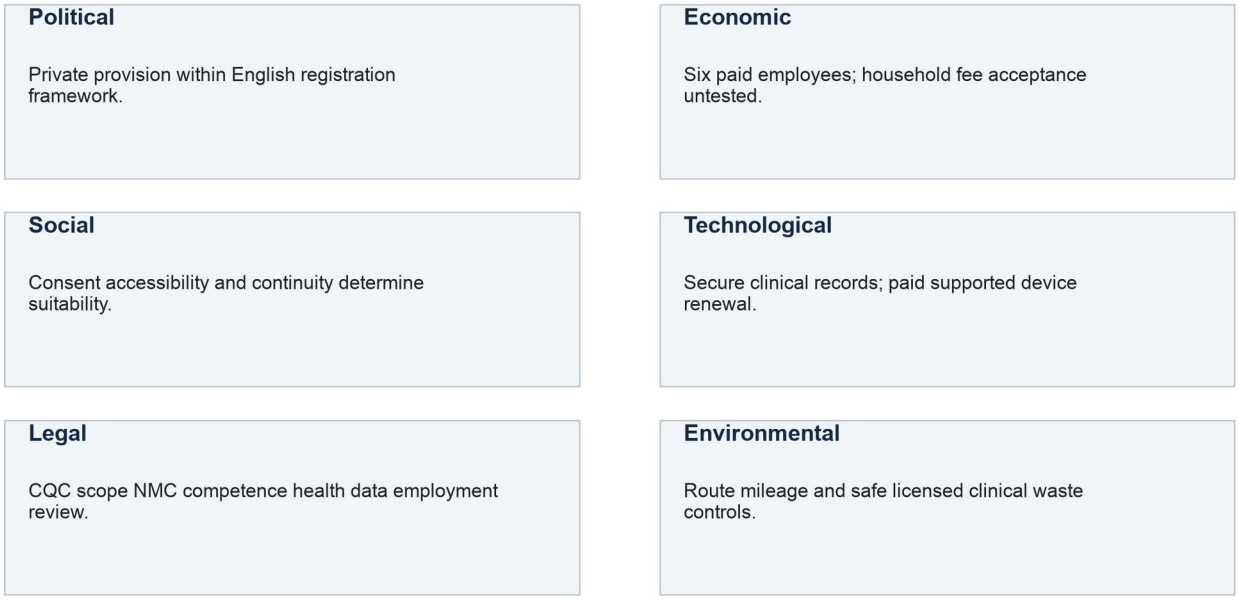
13 / MARKET CONTEXT

PESTLE analysis

Proposed Leeds clinical home nursing operating and financial decisions.

Scope and evidence

Political factors include the public healthcare environment and boundaries of private provision. Economic factors are household purchasing power and six paid salaries. Social factors include consent, accessibility and continuity. Technological factors are secure records and communications, with manual continuity during outages. These are specific planning factors rather than measured demand trends.



PESTLE analysis proposed Leeds nursing framework, 3 October 2026. Unverified gates are shown explicitly.

Legal factors include CQC activity and manager scope, NMC competence, health-data processing and employment duties [R1–R4, R10]. Environmental factors include route mileage, disposable clinical materials and licensed waste arrangements. The response is a narrow assessed scope, qualified staffing, secure information, a route trial and documented gross costs. No policy change or technology grants are assumed.

14 / MARKET

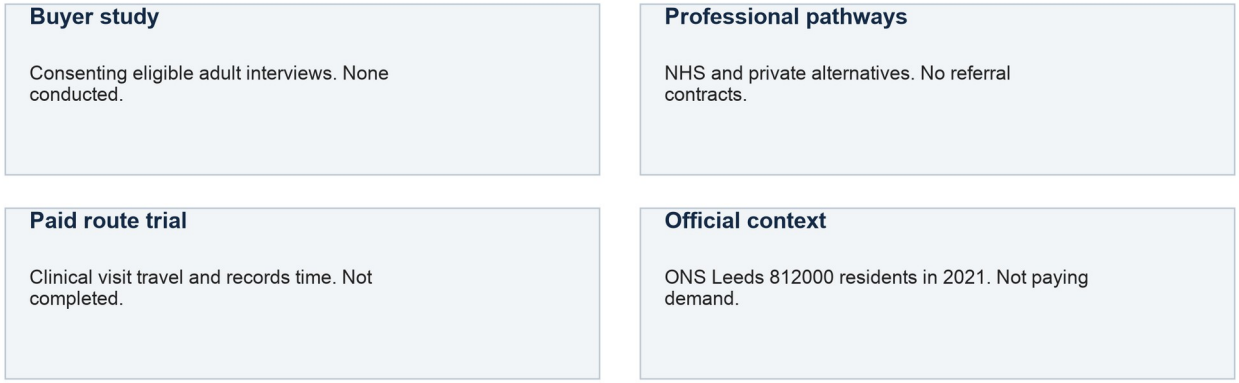
Local demand and evidence

Proposed Leeds clinical home nursing operating and financial decisions.

Catchment and demand

No observation count, referral agreement, patient list or conversion rate supports the launch volume. The proposed study uses consenting adult interviews, discussions with clinical professionals and a route timing exercise. Ask about actual service needs, current alternatives, affordability and willingness to purchase at the proposed fees. Do not gather clinical details beyond what the research purpose requires.

Evidence	Available result	Next action
Patient interviews	None conducted	Consent and de-identify findings
Referral agreements	None committed	No fees or assumed conversion
Route trial	Not completed	Measure travel records and schedules
Population context	812,000 Leeds 2021	R6; not paying demand



Local demand and evidence proposed Leeds nursing framework, 3 October 2026. Unverified gates are shown explicitly.

Evidence and next decision

Record the sample method, dates, exclusions and limitations. Separate stated interest from paid uptake and clinically eligible cases. NHS Neighbourhood Teams already deliver home and other care settings [R5]; public service context must be understood before estimating a private opportunity. Only consented, de-identified findings should enter a business planning chart.

15 / MARKET

Competitors and positioning

Proposed Leeds clinical home nursing operating and financial decisions.

Local alternatives

Leeds Community Healthcare Neighbourhood Teams are a verified local nursing alternative [R5]. Their referral and eligibility pathways differ from this self-pay proposal. Independent nurses, established private home-care providers and clinic-based wound services are further alternatives to research. Domestic-care agencies are not directly comparable when their offer lacks registered nursing.

Our position

Obtain current written service scope, visit duration, travel supplements, cancellation terms and private fees before comparison. No competitor prices, availability, outcomes or ratings are invented. The agency's proposed £160 one hour and £100 half hour fees need testing on equal inclusions. A named clinical lead and transparent scope are intended operating controls, not proven market advantage.

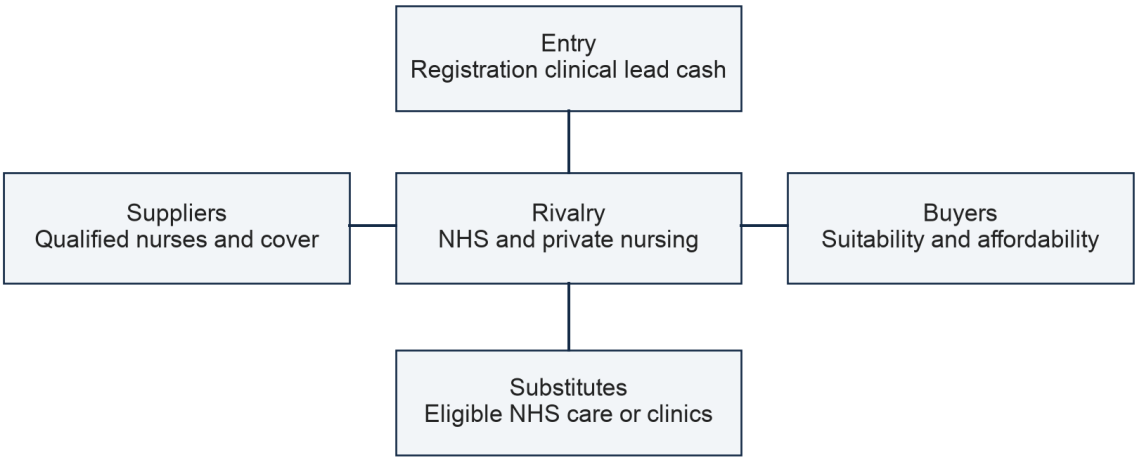
16 / COMPETITIVE STRATEGY

Porter five forces

Proposed Leeds clinical home nursing operating and financial decisions.

Scope and evidence

Rivalry includes established nursing providers and existing public services, requiring evidence of a specific paying need. Buyer choice is constrained by clinical suitability and affordability; patients must receive clear terms without pressure. Supplier power comes from qualified nurse recruitment, clinical insurance and secure systems. The response is paid preparation, verified competence and actual quotations.



Leeds clinical home nursing alternatives and qualitative planning forces, 3 October 2026.

Entry is constrained by registration, governance, cash and credible clinical leadership. Substitutes include eligible NHS home care and clinic attendance where suitable. A private fee cannot be justified simply by describing public queues. Protect the business through safe continuity and precise scope rather than exclusive referrals, inflated claims or lower-cost unqualified labour.

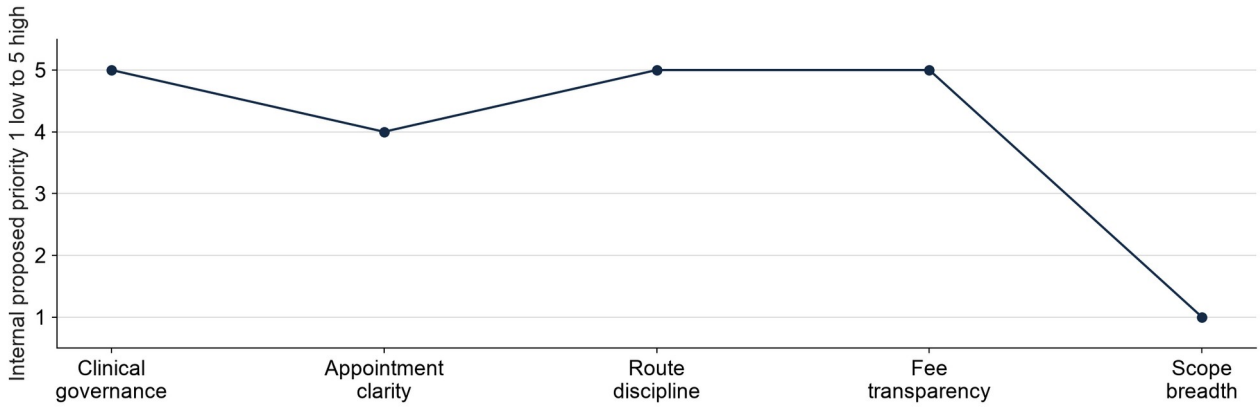
17 / COMPETITIVE STRATEGY

Strategy canvas

Proposed Leeds clinical home nursing operating and financial decisions.

Scope and evidence

The canvas records proposed priorities for clinical governance, appointment clarity, route discipline, price transparency and breadth of scope. It does not score competitors without evidence. The deliberately narrow service receives a low breadth priority, while safe clinical review and transparent appointment terms receive high priorities.



Internal proposed offer priorities, not measured quality or competitor scores.

Confirm those priorities with patients and clinicians, then compare actual offers on the same clinical scope and duration. A high strategic priority is an internal design choice rather than an observed quality result. Expanding procedures or territories requires new competence, time, insurance and registration review before its revenue enters a forecast.

18 / OPERATIONS

Location and premises

Proposed Leeds clinical home nursing operating and financial decisions.

Site assessment

The office is an administrative and records base, not a patient clinic, laboratory or residential care setting. An exact Leeds address, permitted use, accessible staff arrangements, secure storage and lease terms are unconfirmed. Base rent is an unquoted £1,500 gross monthly with a £4,500 refundable deposit.



Location and premises proposed Leeds nursing framework, 3 October 2026. Unverified gates are shown explicitly.

Evidence and next decision

The route should support the explicit travel and documentation time per visit. Confirm safe storage of reusable equipment, consumables and clinical waste arrangements with the clinical manager and landlord. Do not store patient medicines or operate an unlicensed pharmacy. Secure records must remain available to authorised staff while preventing disclosure to unrelated tenants or visitors.

19 / OPERATIONS

Equipment and resource plan

Proposed Leeds clinical home nursing operating and financial decisions.

Equipment decisions

Base initial assets are £12,000 office fitout, £6,000 secure devices and £9,000 reusable clinical equipment. Gross costs include any irrecoverable VAT and are unquoted. Fitout has a 120 month life, devices 36 months and clinical equipment 60 months, all zero residual. Consumables are purchased per visit; the forecast carries no material stock balance.

Resource	Gross GBP allowance	Life and scope
Office fitout	12,000	120 months zero residual
Secure devices	6,000	36 months zero residual
Clinical equipment	9,000	60 months zero residual
Consumables and mileage	15 long / 10 short	Per visit expense; no stock asset

Operating decisions

Competent staff must approve equipment specifications, infection prevention and maintenance before use. Device renewal is a paid cohort after original life; the default month 37 lies beyond the forecast. A shortened life brings that renewal into cash and depreciation. Expired fitout or clinical equipment stops intake unless a separately funded replacement is modelled. No donated equipment or free technology is assumed.

20 / OFFER

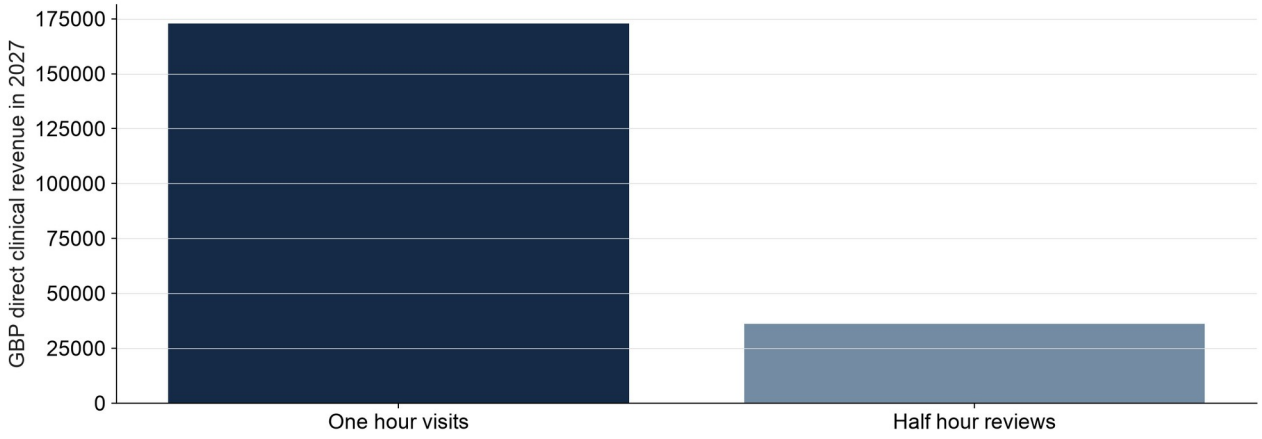
Service and visit strategy

Proposed Leeds clinical home nursing operating and financial decisions.

Clinical visit scope

The launch offer comprises a planned one hour nursing visit and a clinically suitable half hour review. Wound care and clinical review occur under an individual assessed care plan within verified professional competence. Medicines administration, prescribing, invasive procedures, emergency cover, paediatric services and domestic personal care are excluded.

Visit	Proposed GBP fee	Scope
One hour	160	Assessed wound care or clinical review
Half hour	100	Manager-approved suitable follow-up
Excluded	0 forecast	Drugs administration invasive emergency domestic care



Base delivered nursing visit revenue mix, GBP, calendar 2027.

Evidence and next decision

Base assumes 75 percent one hour visits. The clinical manager decides suitability, visit frequency, reassessment and discharge. A shorter appointment must not replace necessary clinical time. Publish clear inclusions for travel within the route, ordinary supplies, record completion and follow-up communication. Unusual materials or a wider route require a revised quote and capacity calculation.

21 / OFFER

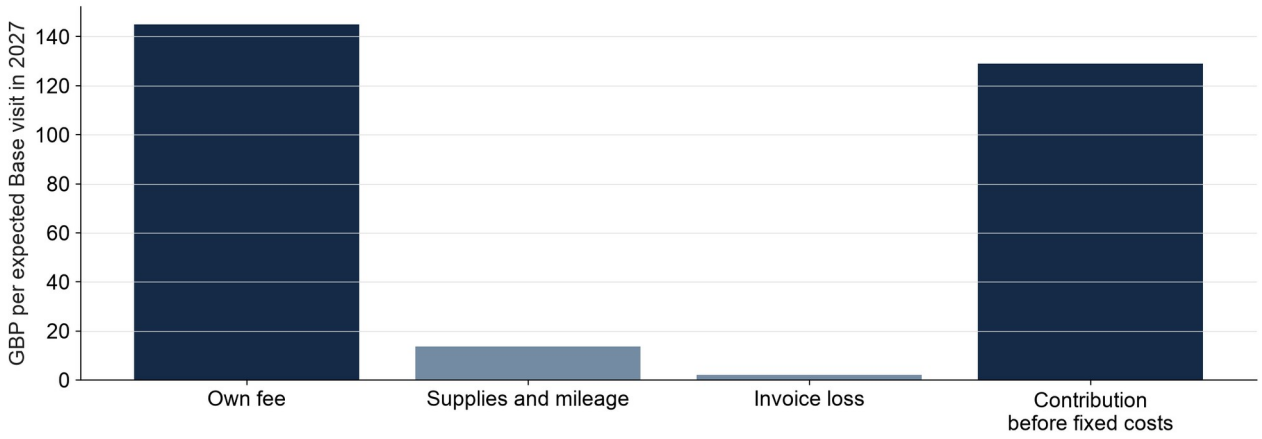
Pricing and order economics

Proposed Leeds clinical home nursing operating and financial decisions.

Visit fees and contribution

Base 75 percent long visits produce a £145.00 weighted direct fee and £13.75 gross supplies and mileage cost. Expected invoice loss is £2.175, leaving £129.075 contribution per visit before all salaries and fixed costs. The table keeps invoice loss and contribution to three decimals so its displayed identity is exact. Proposed fees and costs are unvalidated, and the clinical manager must approve the visit duration rather than fitting treatment to a financial target.

Base weighted visit	GBP per visit
Direct exempt clinical fee	145.00
Supplies and mileage	13.75
Expected invoice loss	2.175
Contribution before paid fixed costs	**129.075**
VAT input recovery	–



Base weighted clinical visit economics, GBP per visit, 2027 assumptions.

Evidence and next decision

Clinical time, travel and records consume paid hours. The long visit uses 1.5 hours total and the short visit 1.0 hour total in Base. A lower travel allowance must be demonstrated through routes rather than assumed because sales are weak. Medical VAT exemption and direct-care status require an accountant's confirmation [R8]. All costs are gross, with no input VAT recovery.

22 / OFFER

Competitor price comparison

Proposed Leeds clinical home nursing operating and financial decisions.

Pricing method

No current like-for-like private nursing quotation has been obtained. The comparison table distinguishes our proposed fees from unavailable competitor fees and the different eligibility basis of NHS care. Avoid comparing an hourly domestic-care price to a registered nurse visit with clinical responsibility.

Reasons for price differences

Before launch, collect at least three dated quotations stating nurse qualification, minimum visit duration, travel, materials, assessment, cancellations and follow-up. Present public care as an eligibility-dependent alternative rather than assigning it a private selling price. Reassess demand if the offer is unaffordable or cannot be delivered at the modelled paid cost.

Provider or alternative	Visit and price basis	Evidence
Aire proposal	160 long / 100 short GBP	Unvalidated direct fees
NHS Neighbourhood Teams	Eligibility and referral pathway	R5; no private price assigned
Independent private nursing	Like-for-like quote unavailable	Obtain scope duration travel and terms

23 / OFFER

Brand and customer experience

Proposed Leeds clinical home nursing operating and financial decisions.

Experience standards

The working name Aire Community Nursing is subject to clearance and must not suggest NHS affiliation. Communications should explain registration status, named clinical oversight, scope, fees and how to complain. Do not advertise treatment before the right approvals or present a registration application as an inspection rating.



Brand and customer experience proposed Leeds nursing framework, 3 October 2026. Unverified gates are shown explicitly.

Evidence and next decision

The patient journey is enquiry, clinical screening, consent and written terms, scheduled care, accurate record completion and appropriate follow-up. Provide accessible communication and respect confidentiality when relatives pay. Track missed visits, incidents and complaints without publishing identifiable information. A safe discharge or referral can be a successful outcome even when it reduces repeat revenue.

24 / GROWTH

Sales channels and process

Proposed Leeds clinical home nursing operating and financial decisions.

How we sell

Use published service information, telephone enquiries and unpaid professional signposting. No hospital, GP or care-home referrals are committed. The coordinator records contact and consent details, while the manager screens clinical suitability. An appointment is booked only within verified capacity and an agreed care plan.

Channel assumptions

Revenue is recognised when a visit is delivered. Do not count enquiries, assessment conversations or cancellations as full clinical visits unless a separately agreed charge and actual service are introduced to the model. The Base collection assumption is 70 percent of surviving invoices in the service month and 30 percent next month, with 1.5 percent expected invoice loss. Patient advances are excluded.

25 / GROWTH

Launch marketing

Proposed Leeds clinical home nursing operating and financial decisions.

Before opening

Base budgets £3,000 gross for preforecast materials and £450 monthly for ongoing compliant marketing, including preparation months. Content should describe suitable patient needs, transparent fees and referral boundaries. It must avoid guaranteed recovery, fabricated testimonials or unearned professional credentials.

Opening activity

Assess enquiries by clinical eligibility, route fit and delivered paid visits, not raw impressions. The clinical manager reviews health claims before publication; the owner checks spend and affordability. Marketing is an expense rather than a balancing growth mechanism. No referral commissions, automatic insurer leads or patient-data purchases are forecast.

Spend	Gross GBP	Basis
Initial materials	3,000	Before forecast expense
Monthly information	450	Base throughout preparation and service
Referral commissions	0	No paid clinical referrals

26 / GROWTH

Retention and ongoing sales

Proposed Leeds clinical home nursing operating and financial decisions.

Repeat business

Repeat visits arise only from clinically necessary care plans and informed consent. The clinical manager schedules reassessment and discharge; commercial targets cannot prolong treatment. Explain frequency, alternatives, charges and what happens if a patient's condition changes. A payer may stop a booking, but clinical continuity needs a safe handover.

Sales experiments

Track clinically appropriate completion, patient understanding, continuity, late payments and complaints. The model forecasts delivered visits, not lifetime customer value or guaranteed retention. No subscription prepayment or auto-renewal contract funds working capital. Actual frequency and loss rates should update the model only after a lawful, representative evidence review.

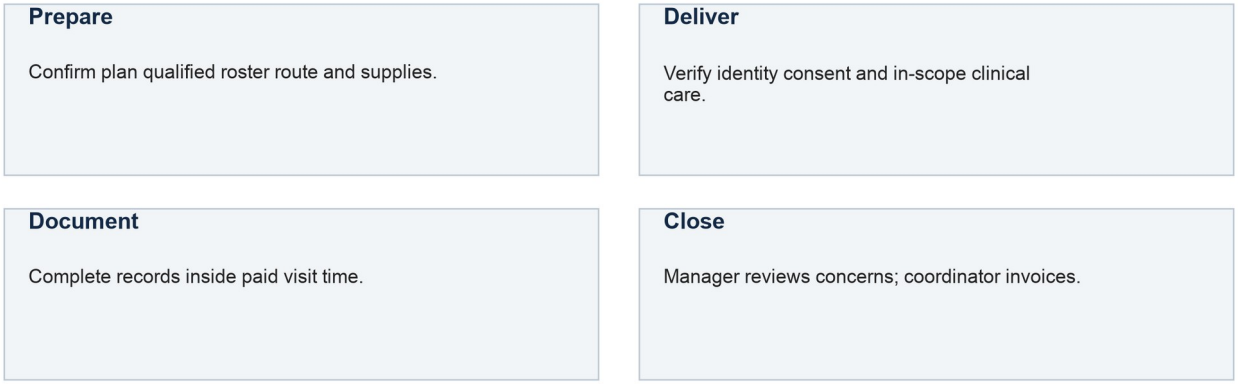
27 / OPERATIONS

Daily operations and suppliers

Proposed Leeds clinical home nursing operating and financial decisions.

Operating routine

At the start of a paid day, confirm care plans, nurse availability, route timing, supplies and escalation contacts. Nurses verify identity and consent, deliver only assessed in-scope care and complete records. The manager reviews concerns and changes to care plans. The coordinator closes appointment records and invoices without altering clinical decisions.



Daily operations and suppliers proposed Leeds nursing framework, 3 October 2026. Unverified gates are shown explicitly.

Evidence and next decision

Obtain written gross quotations for consumables, professional indemnity, records systems, clinical waste and mileage arrangements. Ordinary supplies are modelled as expense per visit with no stock asset. If actual service needs require retained inventory, drugs or specialist contractors, add their safe custody and financing schedules before acceptance. Supplier credit terms remain unagreed assumptions.

28 / OPERATIONS

Sustainability practices

Proposed Leeds clinical home nursing operating and financial decisions.

Planned practices

Group clinically suitable appointments within the narrow route to reduce avoidable travel without delaying needed care. Record actual mileage and travel time. Use reusable equipment only where safe cleaning and clinical guidance permit. Do not reuse single-use clinical materials to reduce expense.

Measurement and responsibilities

Arrange appropriate clinical waste collection and secure information disposal. Device selection should consider support life, security and paid renewal rather than the cheapest unsupported hardware. Environmental claims require measured evidence. No sustainability subsidy or speculative savings support the forecast.

29 / OPERATIONS

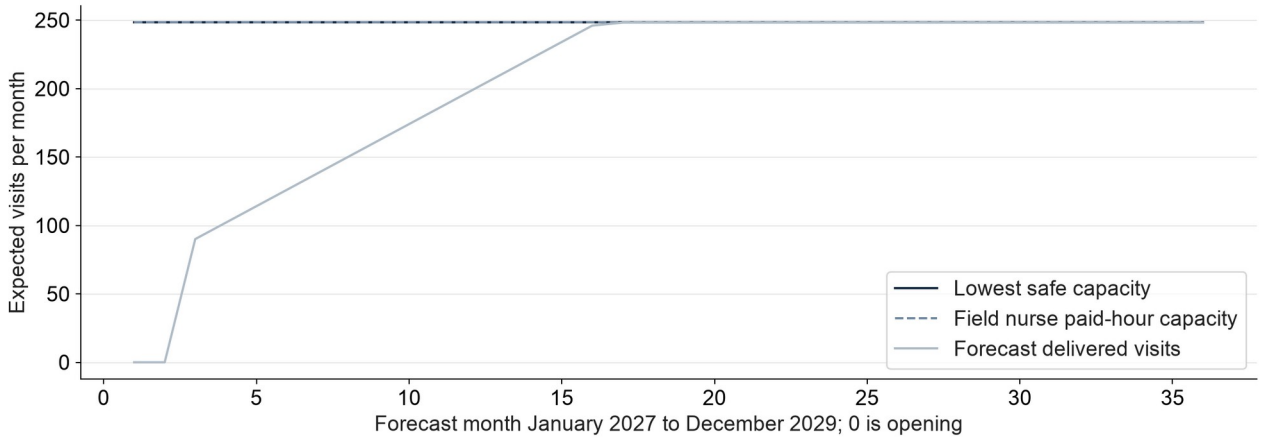
Staffing and training

Proposed Leeds clinical home nursing operating and financial decisions.

Coverage and training

The six roles are owner, clinical manager, three field nurses and coordinator. All receive full salaries during paid preparation, even when visits are zero. Employer NI is provisioned at 15 percent above £5,000 per role annually, with a separate 5 percent pension and benefits allowance [R7]. Future law, categories and benefit quotes must be checked; no Employment Allowance saving is assumed.

Paid role	Annual Base gross GBP	Billable capacity
Owner	48,000	None
Clinical manager	52,000	None assumed
Three field nurses	114,000 total	37.5 hours each less availability and overhead
Coordinator	30,000	Administrative cap
Employer NI	15% over 5,000 each	No Employment Allowance assumed
Pension and benefits	5% gross	Additional employer allowance



Base delivered visits and paid-time capacity, expected visits monthly, 2027 to 2029.

Evidence and next decision

Base field capacity starts with three times 37.5 weekly paid hours, multiplied by 52 divided by 12 and a 70 percent availability factor for leave, training and sickness. Each visit then includes clinical time, travel and documentation. Coordinator hours and weekday slots provide independent caps. Paid management hours are excluded. Actual whole visits and continuity scheduling can require lower acceptance than fractional forecast averages.

30 / PEOPLE

Staff skills and fair work

Proposed Leeds clinical home nursing operating and financial decisions.

Experience and qualifications

Verify current NMC registration, references, scope-specific wound-care competence, indemnity and safeguarding before assigning patient care. Paid induction covers consent, infection prevention, lone working, escalation, records and respectful communication. The manager has paid governance time and authority to stop unsafe work. The coordinator is explicitly nonclinical.

Fair work practices

Provide predictable 37.5 hour contracts, paid leave and training, rest and breaks, mileage reimbursement, safe travel arrangements and a grievance route. Do not rely on unpaid evening documentation. Availability factors reduce capacity rather than wages. Replacement or agency cover must be qualified, paid and modelled; if unavailable, reduce intake and arrange a safe patient handover.

Requirement	Paid practice	Owner
Clinical competence	Registration checks practical induction	Manager
Travel and records	Inside paid visit hours	Manager
Leave and sickness	Capacity reduced; pay retained	Owner
Worker voice	Grievance and safe-work escalation	Owner

31 / OPERATIONS

Legal and insurance requirements

Proposed Leeds clinical home nursing operating and financial decisions.

Applicable requirements

CQC registration must cover the actual activity, provider, location and manager requirements before treatment [R1–R2]. Verify the manager and nurses on the NMC register and confirm scope-specific indemnity [R3–R4]. No licence, rating or approval is claimed. Obtain clinical, public and employer liability cover appropriate to home visits, and review exclusions and reporting duties.

How requirements will be met

An adviser must confirm consent, safeguarding, contractual rights, complaints, records retention, clinical waste and employment duties. Health records require documented ordinary and special-category data conditions, controlled access and secure processing [R10]. Direct qualifying medical care may be exempt from VAT, while staff supply differs [R8]; the model assumes exempt direct care and gross irrecoverable costs. Tax and payroll need actual professional review.

32 / OPERATIONS

Opening roadmap

Proposed Leeds clinical home nursing operating and financial decisions.

Opening sequence

The sequence is clinical leadership recruitment and scope review, funding evidence and conditional office terms, registration and insurance applications, paid staff induction, equipment commissioning and care-pathway rehearsal. The forecast dates are planning assumptions rather than regulatory turnaround promises. Base first visits in March and Downside July both retain full paid preparation.



Opening roadmap proposed Leeds nursing framework, 3 October 2026. Unverified gates are shown explicitly.

Evidence and next decision

Before intake, the manager confirms registration and clinical competence, records and consent, emergency escalation, qualified cover and equipment. The owner confirms actual funds and supplier terms. Demand evidence must support the proposed route and fees. If a gate fails, keep the model's zero-visit case visible and decide whether funding supports continued preparation or a controlled stop.

33 / MANAGEMENT

Risks and management actions

Proposed Leeds clinical home nursing operating and financial decisions.

Management priorities

The central risks are insufficient paying demand, registration delay, clinical harm, loss of a qualified nurse, longer travel, weak collections and funding shortfall. The response is a narrow assessed scope, paid competence checks, lower safe intake, actual route trials and a funded continuity plan. No risk score is presented as observed evidence.

Operating decisions

Review cash and the next payroll before accepting additional care commitments. Decline work beyond competence and safely transfer existing care if continuity cannot be delivered. A negative cash forecast is an unmet funding need, not permission for overdraft or deferred wages. The owner and clinical manager must resolve commercial and safety risks together.

34 / APPENDIX A

Research and evidence

Proposed Leeds clinical home nursing operating and financial decisions.

Evidence notes

Primary sources R1 to R10 support registration, professional standards, existing local public provision, dated population context, employer costs, VAT, tax and health data duties. They do not establish private demand, fees, quotations or founder qualifications. Research was checked on 3 October 2026; rules and operating scope must be confirmed again before a real launch.

Operating decisions

The Home Health financial reference uses US Medicare period payments and a seven year DCF. Those mechanics and its calibrated profitability are not imported. The rebuilt GBP model uses direct clinical visits, paid route capacity and actual collection timing. Retained code and reference adaptation notes identify reused technical architecture. All commercial drivers remain explicit assumptions.

R1 CQC scope of registration

R2 CQC treatment of disease disorder or injury

R3 NMC Code

R4 NMC professional indemnity

R5 Leeds Community Healthcare neighbourhood teams

R6 ONS Leeds Census 2021

R7 HMRC employer rates 2026 to 2027

R8 HMRC medical services VAT Notice 701 57

R9 HMRC corporation tax rates

R10 ICO special category data

35 / APPENDIX B

Quotes and assumptions

Proposed Leeds clinical home nursing operating and financial decisions.

Outstanding inputs

Obtain office, devices, clinical equipment, consumables, waste, records systems, insurance, employer benefits and loan quotations. Compare scope, VAT treatment, start dates, minimum commitments, support and cancellation clauses. The current allowances are gross planning estimates. No supplier has agreed the forecast payment terms.

Assumption	Status	Required evidence
Visit fee and ramp	Unvalidated	Clinically eligible buyers and paid uptake
Staff and cover	Uncontracted	Registration competence paid contracts
Office and equipment	Unquoted	Gross terms support and use
Funding	Uncommitted	Proof of equity written lender terms

Operating decisions

Validate one hour and half hour fee acceptance, visit mix, route time, clinical suitability and the monthly ramp. Prove available equity and obtain written loan and guarantee terms. Registration and staff competence are separate gates from funding. Replace assumptions with dated evidence, rebuild Excel and update every dependent Word figure and narrative together.

36 / FINANCE

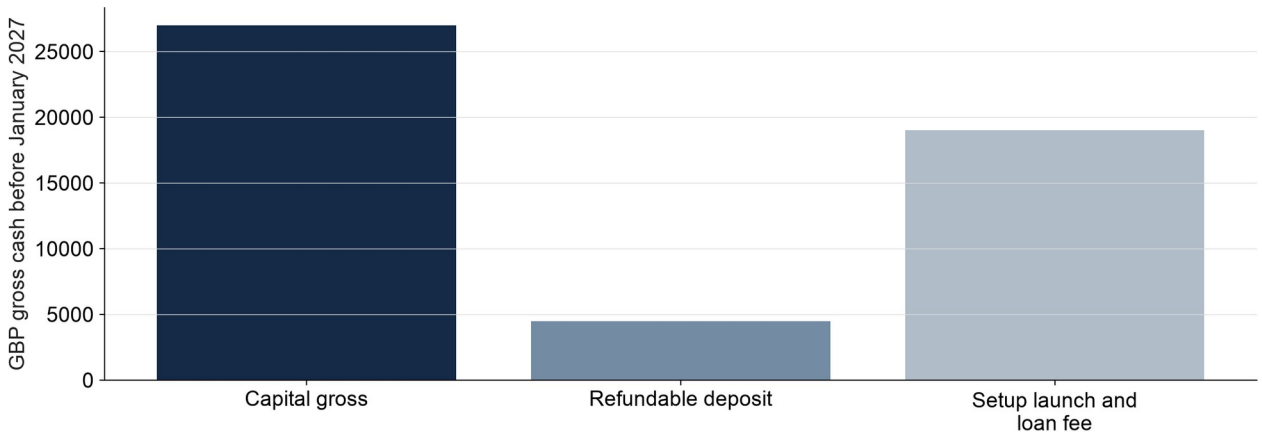
Startup costs and funding

Proposed Leeds clinical home nursing operating and financial decisions.

Funding requirement

Proposed £250,000 equity and £50,000 loan are uncommitted. Gross initial cash uses of £50,500 leave £249,500 opening cash on 1 January 2027. The £60,000 policy reserve is a retained balance rather than an expense or automatic injection. Two Base preparation months then consume full payroll and fixed expenses.

Sources and uses	GBP	Status
Proposed equity	250,000	Uncommitted
Proposed loan	50,000	Unapproved
Total proposed sources	**300,000**	**Before forecast**
Gross initial cash uses	**50,500**	**No VAT recovery**
Actual opening cash	**249,500**	**After initial uses**
Policy reserve	60,000	Not an expense
Downside extra to maintain reserve	535,691	Not injected



Base gross initial cash uses, GBP, before 1 January 2027.

Evidence and next decision

Base minimum cash is £76,901. Downside requires £535,691 additional uncommitted funds to maintain policy, beyond the same proposed equity and loan. Confirm proof of funds and patient continuity protection before accepting clinical commitments. No NHS advance, patient deposit, grant or rescue borrowing is inserted.

37 / FINANCE

Itemized startup costs

Proposed Leeds clinical home nursing operating and financial decisions.

Startup cost basis

Gross unquoted fitout devices and reusable clinical equipment are depreciated assets; the refundable deposit remains an asset. Legal training registration support launch materials and arrangement fees are expensed before forecast and included in opening retained losses. VAT recovery is zero under the stated direct-care exemption assumption.

Initial use	Gross GBP	Class
Office fitout	12,000	Asset
Secure devices	6,000	Asset
Clinical equipment	9,000	Asset
Refundable office deposit	4,500	Deposit
Legal training registration setup	15,000	Expense
Launch materials	3,000	Expense
Loan arrangement fee	1,000	Expense
Total cash uses	**50,500**	**Before forecast**

Evidence and next decision

All six salaries and monthly fixed costs during preparation appear in the forecast, without double counting them as startup uses. Devices have an explicit paid renewal cohort after their 36 month life, at month 37 by default. Shortened lives bring renewal into the forecast; expired fitout or clinical equipment prevents intake while paid costs continue.

38 / FINANCE

Owner personal survival budget

Proposed Leeds clinical home nursing operating and financial decisions.

Personal spending and other income

Initial gross owner salary is £4,000 monthly. A 75 percent personal net-pay proxy gives £3,000 against £2,800 household spending and a £200 surplus. Housing food travel bills and other costs are illustrative and unverified. No other reliable income or dividend is assumed.

Income required from the business

This is not PAYE or personal tax advice. Confirm actual obligations savings pension and tax status before committing equity. Owner salary and employer costs remain business expenses during zero visits; household costs are not charged a second time to the company.

Illustrative monthly budget	GBP
Housing	1,400
Food	500
Transport	200
Bills	300
Other	400
Total spending	**2,800**
Other reliable income	–
Gross salary monthly	4,000
Net at 75 percent proxy	**3,000**
Surplus	**200**

39 / FINANCE

Financing terms and security

Proposed Leeds clinical home nursing operating and financial decisions.

Funding gap and timing

The unapproved £50,000 loan is drawn before forecast. It pays £833.333 recurring principal over 60 months without grace, with 8 percent annual interest on opening debt. The £1,000 fee is paid and expensed before forecast. Interest and principal both begin in January 2027. No security valuation or personal guarantee is agreed.

Proposed security

Year 3 debt is £20,000. Principal reduces cash and debt rather than profit. A shorter term stops repayments once debt reaches zero. Negative cash is preserved as a funding need, not an approved overdraft. Revised financing needs explicit lender terms and a refreshed continuity plan.

Term	Planning assumption
Equity	£250,000 uncommitted
Loan	£50,000 unapproved
Annual interest	8 percent opening debt
Equal principal	£833.33 monthly over 60 months
Arrangement fee	£1,000 paid and expensed before forecast
Grace	None; payments begin January 2027
Year 3 closing debt GBP	20,000
Security and guarantees	Unknown; written lender terms required

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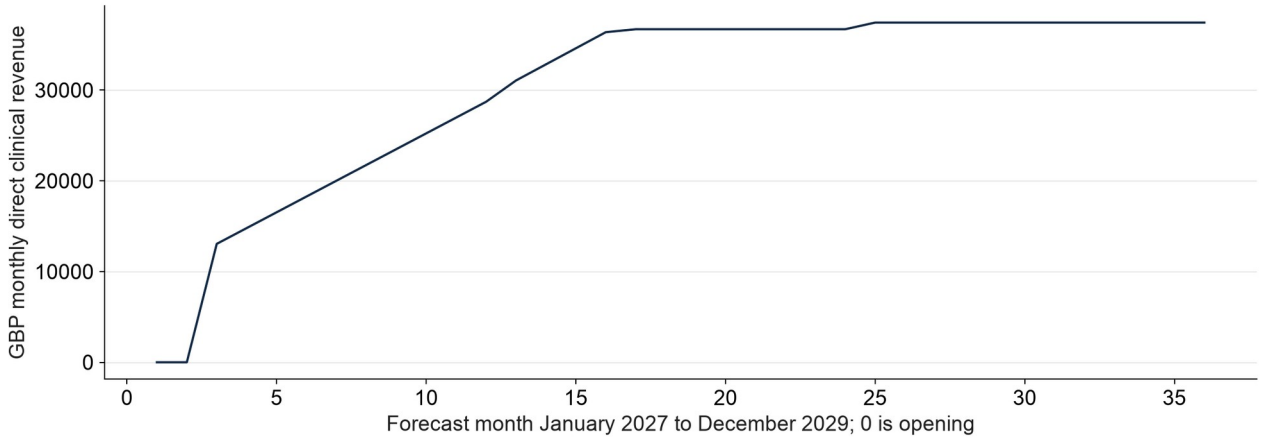
Revenue forecast and capacity

Proposed Leeds clinical home nursing operating and financial decisions.

Revenue drivers

Base direct revenue is £208,800, £428,534 and £449,283 in 2027 to 2029. Expected delivered visits are 1,440.00, 2,897.45 and 2,978.18. March starts at 90 requested visits and adds 12 per service month, capped by paid capacity. These are unobserved hypotheses, not patient or referral commitments.

Calendar forecast	2027	2028	2029
Delivered visits expected annual total	1,440.00	2,897.45	2,978.18
Direct clinical revenue GBP	**208,800**	**428,534**	**449,283**
December limiting visits monthly	248.18	248.18	248.18



Base direct clinical revenue, GBP monthly, January 2027 to December 2029.

Evidence and next decision

Three nurses provide 341.25 available paid hours monthly in Base. The 75 percent long mix uses 1.375 total nurse hours per visit, including travel and records, giving 248.18 visits capacity. Coordinator hours and actual Monday to Friday slots independently cap delivery. No holidays are excluded from weekday count; availability covers paid leave. Actual whole-visit and continuity scheduling can require lower intake.

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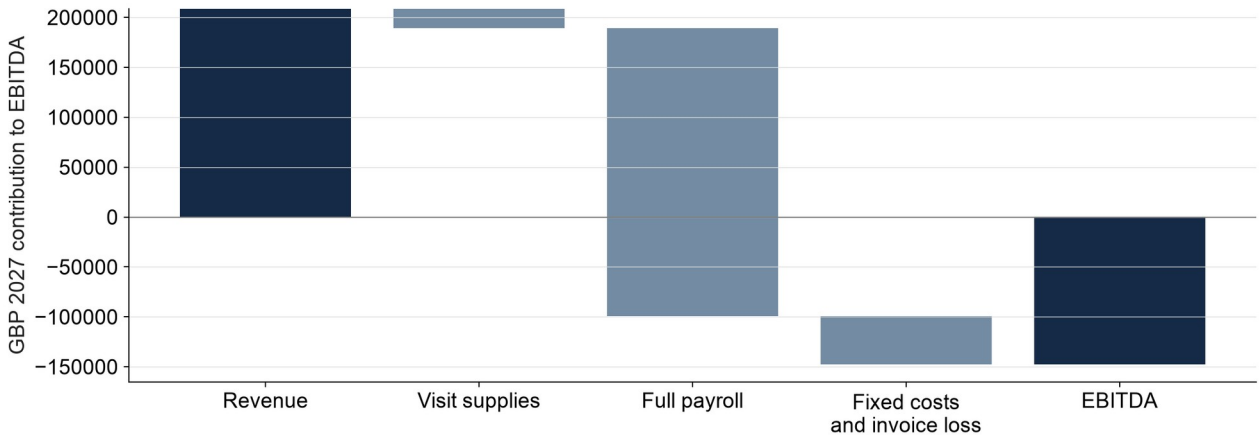
Costs and projected profit

Proposed Leeds clinical home nursing operating and financial decisions.

Cost structure

Base 2027 full payroll is £288,300: all six gross salaries plus per-person NI and separate benefits. It remains fully paid during preparation and gate closure. Supplies mileage fixed costs and invoice losses are separate. Base 2027 EBITDA is (£147,432); 2029 EBITDA is £45,227.

Calendar forecast GBP	2027	2028	2029
Direct revenue	208,800	428,534	449,283
Supplies and mileage	19,800	41,035	43,444
All six roles full payroll	288,300	297,084	306,132
EBITDA	**(147,432)**	**37,636**	**45,227**
Net profit	**(156,065)**	**21,906**	**28,646**



Base 2027 revenue to EBITDA bridge, GBP, all six paid roles included.

Evidence and next decision

Positive later profit depends on fee acceptance mix demand and route time. Finite depreciation debt interest and the disclosed cash tax proxy reduce net profit. Managers and owner do not add free nursing capacity. Qualified agency cover expansion public contracts and grants are excluded until their real scope and paid cost are incorporated.

42 / FINANCE

Profit and loss forecast

Proposed Leeds clinical home nursing operating and financial decisions.

Forecast basis

The linked statements cover calendar 2027 to 2029 in GBP. Revenue is delivered qualifying direct clinical care, assumed exempt subject to professional review. Supplies and mileage include gross irrecoverable costs. All six salaries NI benefits expected invoice losses and finite depreciation are recognised. No taxable staff-supply or nonclinical revenue is included.

Calendar forecast GBP	2027	2028	2029
Direct clinical revenue	208,800	428,534	449,283
Supplies and mileage	19,800	41,035	43,444
Contribution	**189,000**	**387,498**	**405,839**
Owner gross salary	48,000	49,440	50,923
Field nurse gross salaries	114,000	117,420	120,943
Clinical manager gross salary	52,000	53,560	55,167
Coordinator gross salary	30,000	30,900	31,827
Employer NI	32,100	33,198	34,329
Pension and benefits	12,200	12,566	12,943
Fixed cost including invoice loss	48,132	52,778	54,480
EBITDA	**(147,432)**	**37,636**	**45,227**
Depreciation	5,000	5,000	5,000
Interest	3,633	2,833	2,033
Profit before tax	**(156,065)**	**29,803**	**38,194**
Positive profit cash tax proxy	–	7,897	9,549
Net profit	**(156,065)**	**21,906**	**28,646**

Evidence and next decision

The 25 percent positive monthly profit cash tax proxy is conservative and is not statutory corporation tax. It omits small-profits rates marginal relief capital allowances associated-company limits and loss relief; no refund or deferred tax asset is forecast [R9]. An accountant must replace it with an actual tax schedule before a financing application.

43 / FINANCE

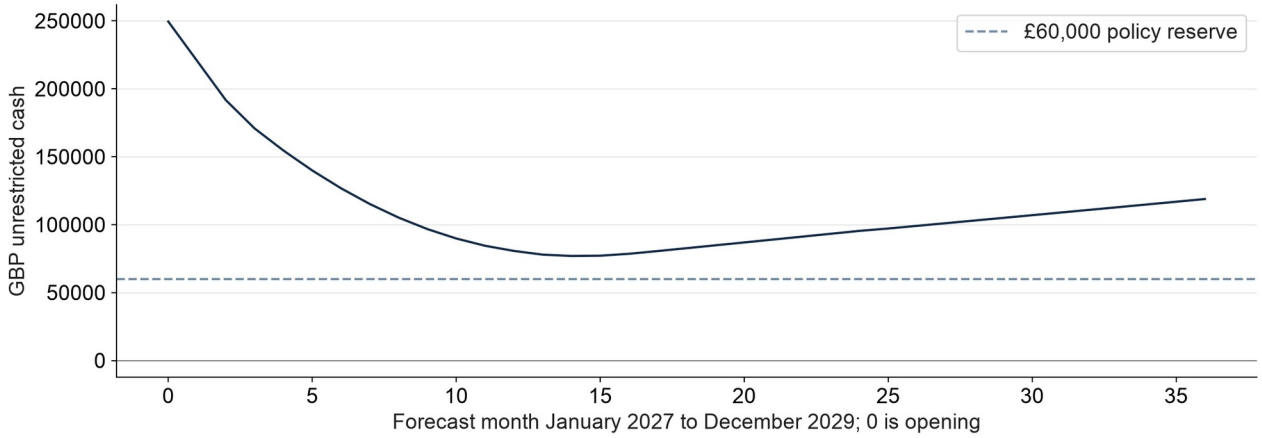
Cash flow and financial position

Proposed Leeds clinical home nursing operating and financial decisions.

Cash requirements

Opening Base cash is £249,500; its lowest opening or monthly closing balance is £76,901. Closing 2029 cash is £118,828. Surviving patient invoices are collected current or following month; gross visit supply costs follow separately editable supplier timing. Full salaries interest and principal remain payable during preparation.

Cash metric	GBP
Actual opening cash	249,500
Minimum including opening and 36 closes	76,901
Extra to avoid negative Base cash	–
Policy reserve	60,000
Base reserve funding need	–
Downside minimum	(475,691)
Downside reserve funding need	535,691
Base 2029 closing cash	118,828



Base unrestricted cash, GBP, opening and January 2027 to December 2029.

Evidence and next decision

Downside cash reaches (£475,691), requiring approved additional funds or a revised launch. The £535,691 reserve funding need is disclosed without entering cash flow. No patient advance public reimbursement or automatic overdraft closes the gap.

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Cash flow forecast months one to six

Proposed Leeds clinical home nursing operating and financial decisions.

Opening cash and payment timing

The monthly table displays 2027 cash in cents. Parentheses are signed outflows. Displayed net change equals displayed closing less opening. A labelled rounding residual reconciles the displayed component amounts exactly; it is only presentation rounding, never a funding source.

Cash flow GBP	Jan27	Feb27	Mar27	Apr27	May27	Jun27
Opening cash	**249,500.00**	**220,558.33**	**191,622.22**	**170,761.52**	**154,529.25**	**139,851.43**
Patient collections	–	–	8,997.97	14,053.98	15,767.88	17,481.78
Visit supplier payments	–	–	(928.13)	(1,361.25)	(1,526.25)	(1,691.25)
Full six role payroll	(24,025.00)	(24,025.00)	(24,025.00)	(24,025.00)	(24,025.00)	(24,025.00)
Fixed cash expenses	(3,750.00)	(3,750.00)	(3,750.00)	(3,750.00)	(3,750.00)	(3,750.00)
Interest	(333.33)	(327.78)	(322.22)	(316.67)	(311.11)	(305.56)
Tax proxy paid	–	–	–	–	–	–
Device investment	–	–	–	–	–	–
Principal paid	(833.33)	(833.33)	(833.33)	(833.33)	(833.33)	(833.33)
Rounding residual	(0.01)	–	0.01	–	(0.01)	–
Net cash change	**(28,941.67)**	**(28,936.11)**	**(20,860.70)**	**(16,232.27)**	**(14,677.82)**	**(13,123.36)**
Closing cash	**220,558.33**	**191,622.22**	**170,761.52**	**154,529.25**	**139,851.43**	**126,728.07**

Evidence and next decision

Patient collections exclude invoice loss. Payroll includes all six roles even before visits. Fixed cash expenses exclude the noncash loss provision. Devices and principal are separate cash payments. All balances link to the same monthly build.

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Cash flow forecast months seven to twelve

Proposed Leeds clinical home nursing operating and financial decisions.

Cash forecast review

The monthly table displays 2027 cash in cents. Parentheses are signed outflows. Displayed net change equals displayed closing less opening. A labelled rounding residual reconciles the displayed component amounts exactly; it is only presentation rounding, never a funding source.

Cash flow GBP	Jul27	Aug27	Sep27	Oct27	Nov27	Dec27
Opening cash	**126,728.07**	**115,159.17**	**105,144.72**	**96,684.73**	**89,779.19**	**84,428.11**
Patient collections	19,195.68	20,909.58	22,623.48	24,337.38	26,051.28	27,765.18
Visit supplier payments	(1,856.25)	(2,021.25)	(2,186.25)	(2,351.25)	(2,516.25)	(2,681.25)
Full six role payroll	(24,025.00)	(24,025.00)	(24,025.00)	(24,025.00)	(24,025.00)	(24,025.00)
Fixed cash expenses	(3,750.00)	(3,750.00)	(3,750.00)	(3,750.00)	(3,750.00)	(3,750.00)
Interest	(300.00)	(294.44)	(288.89)	(283.33)	(277.78)	(272.22)
Tax proxy paid	–	–	–	–	–	–
Device investment	–	–	–	–	–	–
Principal paid	(833.33)	(833.33)	(833.33)	(833.33)	(833.33)	(833.33)
Rounding residual	–	(0.01)	–	(0.01)	–	–
Net cash change	**(11,568.90)**	**(10,014.45)**	**(8,459.99)**	**(6,905.54)**	**(5,351.08)**	**(3,796.62)**
Closing cash	**115,159.17**	**105,144.72**	**96,684.73**	**89,779.19**	**84,428.11**	**80,631.49**

Evidence and next decision

Patient collections exclude invoice loss. Payroll includes all six roles even before visits. Fixed cash expenses exclude the noncash loss provision. Devices and principal are separate cash payments. All balances link to the same monthly build.

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Financial position summary

Proposed Leeds clinical home nursing operating and financial decisions.

Balance sheet basis

Year end assets are unrestricted cash patient receivables the office deposit and finite net fixed assets. Liabilities are visit supplier payables and remaining debt. Fixed contributed equity and retained earnings include preforecast expensed setup launch and loan fees. The balance differences reconcile without plugs.

Calendar year end GBP	2027	2028	2029
Cash	80,631	95,373	118,828
Patient receivables	8,484	10,847	11,064
Refundable office deposit	4,500	4,500	4,500
Net fixed assets	22,000	17,000	12,000
Total assets	**115,615**	**127,720**	**146,392**
Visit supplier payables	681	879	905
Loan balance	40,000	30,000	20,000
Total liabilities	**40,681**	**30,879**	**20,905**
Contributed equity	250,000	250,000	250,000
Retained earnings	(175,065)	(153,159)	(124,513)
Liabilities and equity	**115,615**	**127,720**	**146,392**
Balance difference	0.00	0.00	0.00

Evidence and next decision

No public reimbursement patient deposits medicines stock software intangible or deferred tax asset is recorded. Downside negative cash is an unmet funding requirement rather than an approved bank facility. The clinical continuity plan must be funded before taking care commitments.

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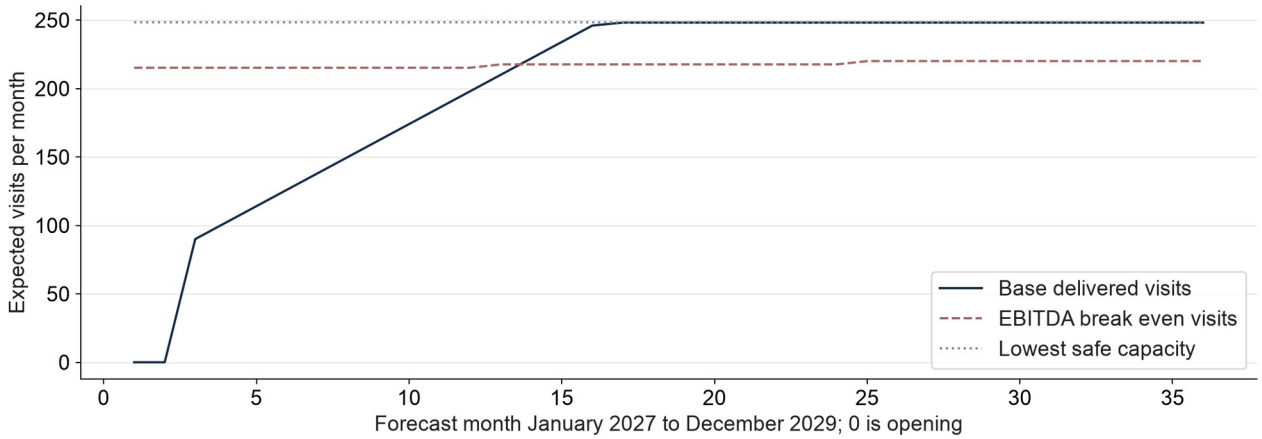
Break even and scenarios

Proposed Leeds clinical home nursing operating and financial decisions.

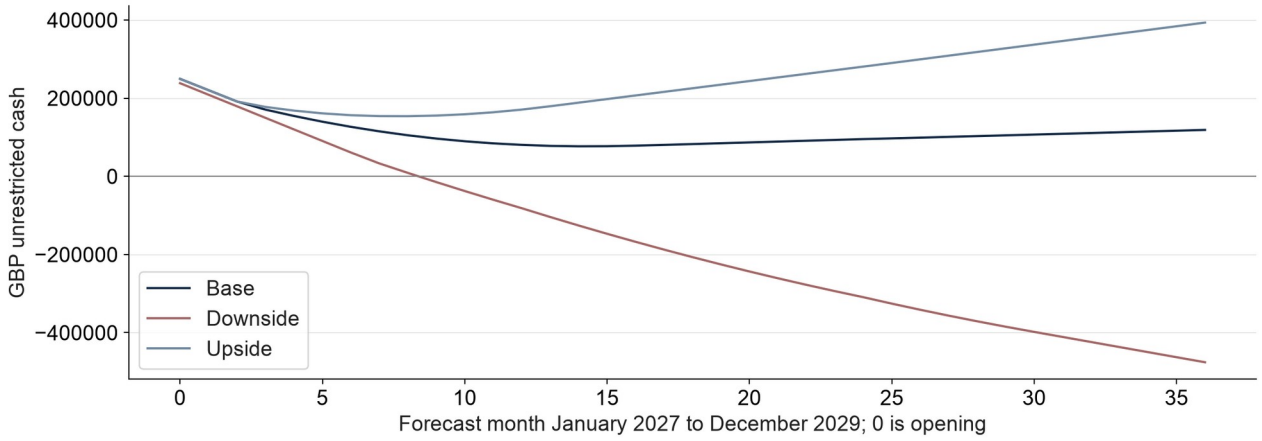
Break even and downside

December 2027 Base EBITDA break even is 215.18 expected visits monthly against 248.18 paid limiting capacity. It includes all salaries fixed costs and invoice loss but excludes depreciation interest tax and principal. The cash schedules provide the separate financing assessment. Fractional visits are planning averages; actual whole-visit scheduling must be safe.

Captured case	2027 EBITDA GBP	Minimum cash GBP
Base	(147,432)	76,901
Downside	(299,547)	(475,691)
Upside	(52,850)	153,951



Base visits, EBITDA break even and paid capacity, 2027 to 2029.



Captured Base Downside Upside cash, GBP, opening and January 2027 to December 2029.

Evidence and next decision

Downside delays visits to July, assumes a 65 percent long mix, longer travel, lower fees and slower collections. Upside assumes denser demand a higher fee and 80 percent long mix. None is observed. Word captures model version 1.0, dated 2026-10-03; saved changes require a complete Excel and Word refresh.

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Model guide and completion

Proposed Leeds clinical home nursing operating and financial decisions.

Using the model

Edit blue case inputs selector model version and capture date. Save Excel, run retained build_model.mjs with --import-inputs and the saved path, then rebuild normally and regenerate Word. Persisted inputs.json keeps imported edits through later rebuilds. Native charts use actual ranges, and every case runs the same visit payroll asset debt and statement logic.

Before sharing

Only a 1 January 2027 start and 36 monthly periods are supported. Drugs administration emergency care public contracts expansion and actual statutory tax are excluded. Confirm registration professional competence records insurance quotations and funding before launch. Financial forecasts are captured assumptions, not clinical approval or demand evidence.

Sheet or action	Use
Summary	Selected case annual results startup cash and native charts
Inputs	Blue case drivers selector version capture date and evidence
Base Downside Upside	36 monthly visit paid-time payroll assets debt and statements
Annual	Three cases annual flows and year end stocks
Checks	Input guards and monthly reconciliation differences
Refresh	Save Excel edits import through retained JavaScript rebuild and refresh Word
Scope	January 2027 start only; no new territory drugs emergency or public contracts
Tax proxy	25 percent positive monthly profit cash provision; no loss relief
Launch status	Registration competence demand quotations funding unverified