Financial Statement
&
Service Plan

Bórd Sláinte an Iar-Thuaiscirt
North Western Health Board

2004
BORD SLAINTE AND IAR THUAISCIRT
NORTH WESTERN HEALTH BOARD

FINANCIAL STATEMENT
AND
SERVICE PLAN
2004

Pat Harvey
Chief Executive Officer
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1. CEO'S STATEMENT AND OVERVIEW

1.1 INTRODUCTION

In delivering the Service Plan in the past year we achieved generally what we set out to do in that we:

- Put the patient first and maintained and indeed enhanced services
- Dealt with the budgetary challenge by reducing costs, overheads, indirect expenditure and increasing income – a challenge which in effect amounted to an overall €20 m Value for Money and productivity initiative
- Continuously checked our services throughout the year for quality and whether they would match that which we would wish for our nearest and dearest – thus fostering programmes of innovation and continuous improvement matched with safety

The successes of the year are many and will be elaborated upon in the 2003 Annual Report. Some of the highlights are listed on page 4 of the Service Plan.

There were however, major difficulties, outside of our local control, to be faced in achieving these successes. Many of these are acknowledged formally in the National Health Strategy. They include:

- Bed Pressures
- Inappropriate facilities (including A & E, residential accommodation)
- Community staffing constraints
- Inadequate access to consultant services such as Neurology, Nephrology and Rehabilitation, all of which should be provided locally
- Inadequate investment in ICT

2003 also presented some unforeseen challenges, which required contingency planning such as the threat of SARS Infection and the Public Health Doctors Strike.

1.2 SERVICE PLAN CONTEXT

In the North Western Health Board we operate on the basis of two primary principles which can be described as follows:

- To optimise the positive impact of services to patients and consumers within our given resources – the least we must do is make the best use of what we have
- To plan and position the services for the future

The former requires us to continually review what we do, how we do it, check it against best evidence and stop doing some things in favour of doing others. It demands continuous change and development. Progress on this philosophy has been possible by virtue of the continuing co-operation of all staff and voluntary providers. The importance of this co-operation should not be understated nor indeed taken for granted.

The second principle leads, for instance, to consideration of plans for the development of Mental Health Services, Ambulance and Pre Hospital Care, Children and Disabilities, Older People and the Acute Services. In 2003 we moved a number of themes "centre stage" such as Mental Health, Ambulance and Pre Hospital Care, Home Support, Family Support, Primary Care. We also prioritised some cross cutting themes such as Alcohol, Smoking, Cancer, Cardiovascular Services and Diabetes.

Our track record has been notable by virtue of moving some major themes "centre stage" over recent years. Many areas of service, as a consequence, bear little resemblance to that
of three to four years ago as a result of the improvements. In the coming year, 2004, the emphasis will continue on the themes adopted in 2003 and care groups and services will advance yet another stage.

1.3 SERVICE PLAN COMPENDIUM

As in previous years this plan can only reflect at a high level elements of the work undertaken throughout the Board during the service planning process. This document is positioned in front of a huge compendium of submissions that were concluded following extensive consultation and deliberation in all our major services. The sections also reflect the individual writing styles of the care groups. Editing has been minimised in order to preserve their integrity. In addition this year, the Board adopted the template that evolved through the collaborative and conjoint work of the HeBE Project on Service Planning led by this Board.

I want to acknowledge the tremendous work of all staff in the service planning process and sincerely thank them for their efforts.

1.4 THE NORTH WEST IN CONTEXT

The unique and particular needs of the North West must, once again, be fully regarded in considering this Service Plan. The population health profile and the deprivation indices for this region (which demand, in turn positive weighting in our favour in shares of The North West in Context:
(The Reality)

Highest deprivation and dependency levels in the country – (33% more elderly than the average for the rest of the country;
• One of the highest % of children (29% of the population)
• Highest levels of early school leavers
• Poorest public transport
• Our peripherality
• The very strong correlation between economic / social status and health status
• The changing scene in Northern Ireland
• Proportionately higher costs involved on both the demand and supply side of the service in view of our profile (distances, low density population, diseconomies of scale)
• Accelerating pace of increase in service demands in view of our population profile
• The need for improved access to tertiary services and greater local self sufficiency

The Department of Health and Children will examine the current system for allocating funding to health boards with the aim of taking as much account as possible of specific local factors". (Ref Quality and Fairness – National Health Strategy 2001 (p113)).

1.5 OUTTURN 2003

The revised determination for 2003 amounts to €470.840m. Preliminary outturn figures indicate that the Board’s Strategy of maintaining patient and client services and firmly targeting value for money, cost containment and income generation measures has been successful. Together with additional Department of Health and Children Funding for cost and activity pressures which arose in a number of service areas, especially in Oncology and
Financial Statement and Service Plan 2004  
CEOs Statement and Overview

Childcare services, the Board will end the year with a small surplus which will be carried forward to 2004 and applied to the Service Plan in the areas outlined in the body of this plan.

As I stated in the Executive Overview in the 2003 Service Plan, the financial environment in which the plan was developed was indeed challenging. It is a great credit to all involved in the management and delivery of the plan that the performance throughout the year was within available resources and that service plan targets were in the main met and in many instances surpassed.

1.6 STRATEGY FOR 2004

As in 2003, the underlying emphasis will be on maintaining direct patient and client services. The Letter of Determination is very explicit in stating that the funding provided for 2004 should in overall terms support the broad range of services currently delivered. For a second consecutive year growth in services will not be at levels experienced in recent years. We have however, made provision for the full year costs of the limited developments, which were commissioned in 2003. The Letter of Determination does make some very limited development funding available to the Board for a number of very important and desirable developments; however, and subject to attainment of further specific value for money and cost containment targets, it is proposed to make inroads on a number of other service enhancements in 2004. These include an additional child protection team, paramedical therapy posts, consultant appointments, mental health services and ambulance service reconfigurations. The details are included in the relevant Care Group Service Plan in the body of this report.

In addition, the very significant cost of activity bonus achieved in both acute hospitals in the national case mix costing exercise will be applied within the hospitals to advance specific services as outlined in the Acute Hospitals Plan. These bonuses to both hospitals (arising from the independently operated National HIPE and Case Mix costings schemes) reflect better Value for Money per Euro spent in Acute Hospitals in the North West than the average for similar hospitals in the country.

In order to ensure that the proposed developments, for which no additional funding has been provided, are advanced, it will be necessary to maintain the range of measures to control and reduce expenditure which were adopted in 2003, and to strive to generate further significant savings together with the requirement to provide for unforeseen cost pressures (contingency) and to meet the Value for Money targets specified in the Letter of Determination. This will mean that savings of the order of 2-3% of our current expenditure are again required. As in 2003, the focus of our attention will be on non patient / client areas, and our main targets will be in avoidable cost areas.

Progress on the implementation of the proposed developments must be strictly conditional on the yield from these measures being realised in full. I will keep the Board informed in relation to both the success of the savings measures and the application of these savings to the proposed developments throughout the year.
### 2003 KEY ACHIEVEMENTS

**"Patient First Strategy" was successful by virtue of achieving the comprehensive VFM initiatives**

<table>
<thead>
<tr>
<th>Hospital activity ahead of 2002 levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 8% ↑ Inpatients</td>
</tr>
<tr>
<td>- 10% ↑ day cases</td>
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</table>

| Home Help activity at previous years elevated levels |

<table>
<thead>
<tr>
<th>Consultant appointments advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 2&lt;sup&gt;nd&lt;/sup&gt; Geriatrician LGH</td>
</tr>
<tr>
<td>- Consultant Haematologist SGH</td>
</tr>
<tr>
<td>- 5&lt;sup&gt;th&lt;/sup&gt; Consultant Radiologist at SGH/LGH</td>
</tr>
<tr>
<td>- 3&lt;sup&gt;rd&lt;/sup&gt; Orthopaedic Surgeon LGH</td>
</tr>
</tbody>
</table>

| Emergency Department / Medical Assessment Beds, approval to proceed to planning stage - LGH |

| Approval to proceed with relocation of Renal Dialysis Unit Sligo General Hospital |

<table>
<thead>
<tr>
<th>Waiting Lists</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Orthodontics ↓</td>
</tr>
<tr>
<td>- Cervical Smear Testing ↓</td>
</tr>
<tr>
<td>- Audiology – no adult waiting greater than 6 months</td>
</tr>
</tbody>
</table>

| Positive Case Mix Adjustment – evidence of Acute Hospital VFM |

| Radiology Service commissioned - Killybegs Community Hospital |

| NoWDOC extended |

| GP Vocational Training Schemes expanded |

| Primary Care pilot site at Lifford established |

| 2,650 older people in receipt of Home Support each month and approximately 679,600 home support hours provided – Corresponds with previous years elevated activity levels |

| CHOICE Programme for Older People advanced in new sites – Donegal |

| Donegal Hospice – 4 beds commissioned |

| Extension of Home Care Services to 7 day - North West Hospice |

| Launch of DARTS – 7 lives saved in pilot area (CVS) |

| New One Stop Shops progressed in partnership – Donegal County Council, DSCFA and FAS |

| Locum Consultant with special interest in Learning Disability |

<table>
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<th>Learning Disability Services</th>
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</thead>
<tbody>
<tr>
<td>- Opened – Cashel na Cor, Dartry Delights, Bundoran Residential Unit</td>
</tr>
<tr>
<td>- Extended – Iona Transition Programme</td>
</tr>
</tbody>
</table>

| Completed extensive piece of research on the needs of people with Autism |

| European Year of People with Disabilities – many successful events |

| Completed review of Ambulance Service |

| Improved ambulance response times |

| Mental Health Service Review completed – 3 year action plan being considered by Board |

| Development of Mental Health Promotion Strategy |

| Interagency Alcohol Task Force established |

| Consumer Panels Roll Out |

| Anti-Racist Code of Practice adopted |

| Code of Practice – Employment of Persons with Disability adopted |

| Traveller Health – Interagency action |

| Reconfiguration of Child Care Residential Services |

| Immunisation targets achieved (highest nationally) |

| Targets exceeded in Influenza Vaccination (at risk groups) |

| CRIB Café opened by Minister in Sligo |

| Strategy for Leaving and Aftercare produced |

| Sisters of Nazareth, Sligo – major partnership development programme |

| Food Safety – no major outbreaks |

| DTSS – in line with funded levels |

| Mobile Diabetic Retinopathy Service |

| Training Programme for persons with Acquired Brain Injury |

| High Dependency Units with Chesire Services for Persons with Physical and Sensory Disabilities |
1.7 LETTER OF DETERMINATION

The determination of non capital health expenditure for the North Western Health Board for 2004 (under Section 5 of the Health (Amendment) (No. 3) Act 1996 is €495.674m. (See Appendix I)

The process of introducing new structures and governance arrangements for the health system is underway nationally. However, the letter indicates that the Board will retain formal responsibility for managing the system within the existing legislative framework during 2004. This includes, inter alia, the preparation and adoption of a Service Plan within the determination now notified.

The total national health estimate (including Capital) for 2004 amounts to €10.050 billion, an increase of €891m (10%) over the revised estimate for 2003.

This additional funding provides for:
- Cost impact of Sustaining Progress & Benchmarking Pay Awards (approx €500m)
- Increased GMS Costs (€187m)
- Increased Drugs Payment Scheme Costs (€50m)
- €32m for the National Treatment Purchase Fund (NTPF)
- €43m for Waiting List Initiative
- €80m for Information Systems & Related Services

Capital funding of €509m is included in the overall health estimate.

The health vote for 2004 accounts for 24.9% (up from 23%) of total national public expenditure.

Funding Context:

The determination now notified includes the provisions of the Book of Estimates together with health funding contained in the 2004 national budget. It is expected that the funding provided should support the broad range of services currently being delivered. It is however acknowledged that the task of managing services within approved determinations in 2004 will again be a challenging one. We are exhorted to critically evaluate all areas of activity and spending to ensure that "available resources are targeted at national priority areas and emerging need as far as possible". All "staffing allocations, and in particular premium pay elements, should be critically reviewed in this process".

The Minister has taken the deliberate step of prioritising some specific services including cancer, renal and older peoples services, and expects that together with the budget day announcements on disability services, this funding will have a measurable impact on services planned in these areas. It is clearly stated that supplementary funding cannot be anticipated and that the Board will be expected to manage all cost pressures within the notified determination.

Specific points in the letter of determination:
- Non pay inflation is provided for at 2.8%. (However, Medical Inflation is acknowledged to be in excess of this - estimated at 10%)
- Specific Letter of Determination Value For Money and savings targets have been set at €4.2m.
- The Board's employment ceiling has been further reduced to 7317 Whole Time Equivalents (WTEs) – 30 less than 2003
- Specific accountability of CEO and other delegated officers to act immediately to address problems which could adversely affect the budgetary position.
### Financial Statement and Service Plan 2004

#### Make Up of 2004 Determination

<table>
<thead>
<tr>
<th>Description</th>
<th>€000's</th>
<th>€000's</th>
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<tr>
<td><strong>Original Determination 2003</strong></td>
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<td>Waiting List Initiative</td>
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<td>Cost Pressures / Activity</td>
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<td>Developments</td>
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<td>Grants – PPARS Project</td>
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<td>Waiting List</td>
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<td>Allowances, Demand Led / Price Increases</td>
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<td>Cost Pressures / Activity</td>
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<td>Developments</td>
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<td>Case Mix Adjustment</td>
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<td>National Lottery Block Grant</td>
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<td>Winter Initiative</td>
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<td>Casemix Performance</td>
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<td><strong>Other Additions</strong></td>
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<td>Services for Older People</td>
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<td>Renal Services</td>
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<td>Intellectual Disability</td>
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<td>Civil Registration</td>
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<td>Mental Health</td>
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<td>2,085</td>
<td>59,244</td>
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<tr>
<td>National Lottery Block Grant</td>
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<td>203</td>
<td>59,244</td>
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<tr>
<td><strong>Less</strong></td>
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<td>Income Increased (Rates)</td>
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<td>VFM Targets</td>
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<td>Drugs Payments Scheme Threshold</td>
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<td>-5,586</td>
<td>53,658</td>
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<td>Original Determination 2004</td>
<td>-400</td>
<td>-5,586</td>
<td>495,674</td>
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</table>
1.8 BUDGET CHALLENGE

Last year, as indicated, we successfully maintained patient activity levels and services and closed the gap between the funding allocation and spending patterns by pursuing a very ambitious programme of Value For Money (VFM) initiatives. We calculated this challenge in terms of percentage of budget to be 4% (net of the additional Department of Health and Children funding received during the year.) €16m by way of savings was effected.

The incoming year, 2004, presents a further budgetary challenge. The gap (of the order of €10m) between funding available and that which we require to deliver this Service Plan comes on top of 2003 savings and efforts and is therefore all the more onerous. Of this total gap, €4.2m has been imposed on us by the Department of Health and Children and we must achieve it. With regard to the remaining €5.8m gap we have the option of relieving ourselves of some of this challenge.

We could, for instance, be less ambitious with service targets: defer commissioning outstanding hospice beds, delay the implementation of the Mental Health Service Review, postpone acute hospital activity e.g. operations and endoscopies, further cap home support to older people, delay the service enhancement programmes for those with learning disability, child and family support, among others.

OR

We can facilitate modest service improvements for our patients and clients by aggressively pursuing in the incoming year a further programme of VFM initiatives. Indeed this is our proposal. The corporate initiatives in mind include the following (many of which are further inroads on 2003 efforts):

- On Costs
  - Overtime
  - Premium Payments
- Travel Costs
- Absenteeism and replacement cost reductions
- Non Pay
  - Procurement Contracts
    - Local
    - National
  - Stock Rationalisation
- Purchasing / Supplier Management
- Income Generation

Services to other agencies
Superannuation contributions
Social Welfare recoupment
Collection of Statutory Charges

- Waste Management
- Shared Services
- External Costs Reductions
- Recruitment controls

The strategy for 2004 as already outlined will operate on the basis that service level enhancements in the various devolved budget units (Hospitals, Community Care settings etc) will only be commissioned where budget performance otherwise is on target (inclusive of staffing numbers control).

Once again the co-operation, support and proactive input of all staff is critical.
1.9 PRIORITIES 2004

Given the backdrop to 2004, the board's ongoing commitment to various service themes, the funding determined and the VFM initiative planned, priorities have been set for the year ahead.

In summary these service themes and priorities for 2004 include:

- Implementing year one of a three year programme of change in Mental Health
- Implementing Ambulance Service Plan as agreed at November 2003 Board Meeting
- Maintain and enhance Home Support Programme across all care groups including Older People, Disabilities, Children. (This is inclusive of deinstitutionalisation of services to more appropriate residential accommodation)
- Focus on Family Support (children at risk, family violence)
- Advancing programmes on cross cutting themes and health determinants
  - Alcohol
  - Smoking
  - Diabetes
  - Respiratory disorders
  - Cancer
  - Cardiovascular Services
  - Equality
- Acute Services – particularly developments in Nephrology, Neurology, Microbiology, Paediatrics, A & E and Endoscopy Services
- Social Inclusion – too many groups are yet on the margins and need very dedicated, focused initiatives pursued on their behalf

2004 – UNDERLYING INTERESTS

The underlying interests in developing our services for 2004 include:

- Maintaining 2003 activity funded levels as a minimum
- Addressing funding or budgetary gaps through eliminating or minimising non essential costs/practices as a first approach
- Accommodating priority developments through redeployment of existing resources where additional funding is not available in the LOD
- Managing the parallel National Reform Programme so that transition does not negatively impact on services
- Consolidating services which are relatively new and developing in recent times

All of this must be achieved within the budgetary and staff whole time equivalent employment ceilings allocated.

1.10 POPULATION HEALTH PERSPECTIVE

All of what we do is intended to improve overall population health. The Board's services range from very focussed initiatives such as immunisation, to universal strategies on Health Promotion. The determinants of health reach well beyond services directly provided by this Board. The inter-agency agenda is critical. The board must continue to engage in activities where they can influence overall determinants, which range from housing to economic well-being to education and other public policy. Section 3 of the Service Plan elaborates further on issues of relevance for the population of the North West.

Of major significance and highlighted in the Population Health Chapter (Section 3) is the theme on Inequalities in Health associated with economic profile and other criteria. Reducing the gap between extremes would reflect very substantial improvements in health status for many. The detail of this Service Plan includes numerous action points concerned with addressing this. During the year however, it is intended to further profile the challenge in the presentation of a comprehensive report to the Board, thus facilitating even greater cohesion of effort in this Key Result Area.
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1.11 CARE GROUPS/SERVICES - OVERVIEW

The plan includes chapters covering all our services. The following overview refers to some of the key deliverables in 2004 and serves only as a first glance. Each chapter is however, inclusive of "Key Points / Key Result Areas" summary for easy reference and Appendix II reflects all the KRAs in one section.

PRIMARY CARE

Work in relation to the Primary Care Strategy and in particular the North West Pilot Site will be advanced. Well organised GP Out of Hours arrangement will be implemented throughout the region. Again, through Primary Care, in particular, we plan to advance the programmes relating to the travelling community, asylum seekers and others within our population with chronic diseases such as persons with diabetes. Re-orientation of Primary Care Service in line with the Primary Care Strategy will be prioritised.

Primary Care will continue to be the primary mechanism by which the Cardiovascular Strategy is further advanced.

MENTAL HEALTH

A substantial review of Mental Health Services, against a backdrop of already published strategies, has been completed. At present it is the subject of consultation with all stakeholders and is about to be considered in detail by the Board.

This report, undertaken by The Sainsbury Centre for Mental Health on our behalf, flags significant development opportunities for the Mental Health Service and will require the support of many functions within the Board. The essence of the review demands considerable development of community services, which should result in significant reductions in residential care services, thus facilitating substantial resource redeployment. The implementation programme will be pursued in partnership with service providers and the voluntary sector. It is very heartening that most of what has emerged by way of recommendations is entirely consistent with what service users and staff would and have themselves advocated.

OLDER PEOPLE

The CHOICE Programme will be further rolled out in 2004. The Dementia Services Review planned for 2003 will be completed this year. The new Consultant Geriatric Services introduced in 2003 will be consolidated. Work on the multi-disciplinary, multi-sectoral policy for single assessment will be further pursued. Partnership projects with the Community Groups in Gweedore, Nazareth House Sligo, Ballinamore, Carrick-on-Shannon, Clonmany and Arranmore will be progressed as well as related research work and option appraisals in other areas e.g. East Donegal.

CHILDREN

Response time for assessment and intervention for children at risk will continue to be the focus in 2004. This will demand team development and improved whole time equivalent staff numbers. Family Support in all its manifestations will be further enhanced. New legislation will be factored into the plans. We look forward to the advice and influence of the North West Children and Young People's Committee throughout 2004. The absence of final agreement on out of hour services continues to be a problem. This is a matter under negotiation at national level.

SOCIAL INCLUSION

In the Board's 2003 Service Plan, we committed that Social Inclusion would become an integral theme of the North Western Health Board's philosophy and operations. Linked to
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NAPS (National Anti Poverty Strategy) key targets have been set for "vulnerable", "at risk" and for "socially excluded" groups in the 2004 plan.

LEARNING DISABILITY

The recent appointment of a locum Consultant Psychiatrist with a Special Interest in Learning Disabilities is a welcome enhancement for services in Sligo / Leitrim. Recent service developments at Bundoran, Cloonamahon, Cashel na Cor and Stranorlar will be consolidated this year. Individualised care packages will continue as a functional theme. Services relating to autism will be further advanced. Particular cognisance must be taken of the disability bills and mental health legislation as they relate to the service.

PHYSICAL AND SENSORY SERVICES

The disadvantage to North West clients by virtue of the absence of a locally based Consultant Neurologist is very significant and the introduction of this post in 2004 is a top priority. Development programmes associated with home, carer, personal assistant, aids and appliances, assistive technology, respite services and residential services will be further advanced. In 2004 programmes for clients with brain injuries will be a priority;

TRAINING AND OCCUPATIONAL SUPPORT

This service has been considerably refocused in recent years with overall service profiles reflecting the aggregated need of individuals as they have been individually assessed. The service will be further consolidated in 2004.

THERAPIES

This year the Board Service Plan includes a section relating specifically to Community Therapy Services. The further development of explicit Service Level Agreements for the therapies and their multi-disciplinary input to the various community and hospital services will be pursued in 2004.

PRE-HOSPITAL CARE

The outgoing year saw significant developments in this area; in the first instance we had the publication and launch of the Donegal Area Rapid Transport Service (DARTS) Report, further introduction of defibrillators at GP level and development of first responder programmes.

We also had the first stage of the major review of the ambulance service completed. Implementation will be pursued actively in 2004 and developments will include:

- Improved cover for "black spot" areas (introduction of RRVs etc)
- Fleet upgrades
- Revised patient (as distinct from emergency) transport arrangements to be researched and introduced as appropriate
- Continuous "fine tuning" of service response times on basis of information to flow from recently introduced CAD Information System.
- Revised staffing rosters / deployment

ACUTE HOSPITAL SERVICES

Activity levels in 2003 exceeded the Letter of Determination funded levels – by 8.4% on in patient activity and 10% on day services.

Both hospitals continue to experience unsustainable levels of pressure on beds. Letterkenny General Hospital regularly has had to redesignate the Day Services Unit as an overnight facility due to the ever increasing patterns of medical admissions. This in turn creates difficulties for patients scheduled for day services in the mornings. Pressures are manifested
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particularly in the A & E Department. Letterkenny General has also had the difficulty of having no dedicated inpatient beds for Cancer and Haematology patients, a problem which must be resolved in 2004. Planning of a new A & E Department (recently approved by the DoHC) will be advanced with haste.

Sligo General Hospital has a major concern with regard to the inadequacy of the Paediatric facility. Inroads must be made in 2004 on resolving this very difficult problem. The contract for the Renal Unit in Sligo will also be offered in 2004.

Other priority developments exist in Emergency Medicine, Nephrology, Neurology, Microbiology, Diabetology, Anaesthesia and Radiology specialties (details in Acute Hospitals Section 12.1).

OTHER COMMUNITY SERVICES

The Board will continue to support and grant-aid voluntary organisations. Programmes relating to community development, voluntary social housing, socially excluded and other target groups will be continued. As in 2003 all organisations receiving funding support will have to take full cognisance of the cost containment measures which the Board has to engage in - governed as before by the same underpinning principles.

CANCER AND CARDIOVASCULAR STRATEGIES

The Board has been successful in securing recruitment, through the LAC of a Consultant Haematologist for Sligo. A second Consultant in Palliative Care is required for the region and this will be pursued, although it is dependent on funding. The Hospice Service in Letterkenny, which was partially commissioned in 2003, will have additional beds commissioned in 2004 - the number and timing will be reconciled with the funding available.

The appointment of Consultant Cardiologist for Letterkenny General Hospital is a key deliverable in 2004.

OTHER CROSS CUTTING SERVICE THEMES

A number of cross cutting themes adopted by the Board in the past few years, are being actively pursued and are reflected throughout the Service Plan in various sections. While the presentation of these themes may seem disconnected by virtue of the Service Plan layout, the themes are managed and driven as coherent wholes. Each theme has a lead senior manager supported by a cross programme team. The Board will receive in the course of the year dedicated reports on each of these:

- Diabetes
- Respiratory
- Smoking
- Alcohol
- Breastfeeding
- Mental Health

- **Diabetes** - current endeavours range from developing a register, common and shared records, front line staffing level improvements, proposals for dedicated consultants, recently introduced Retinopathy Services through to significant engagement and liaison with the voluntary sector.

- **Respiratory** - this more recently developing focus recognises the volume of patients involved in all programmes, the need for greater prevention services, the need for development and consolidation of...
recently established consultant services with a special interest in this area through to the potential and positive impact it should have not only on patients but on bed pressures.

- **SMOKING** — the issues are well established. The response required demands attention and support from virtually every quarter within the Board, whether that be by way of exploiting awareness raising opportunities as staff engage with individual patients, or in individual and collective support programmes. Ultimately we need to further impact on the overall smoking culture. The Board welcomes the introduction of new tobacco regulations and recognises the challenge that same presents for the Board and its various institutions.

- **ALCOHOL ABUSE** — this is potentially the single greatest problem currently confronting our society. It manifests itself in so many of our service settings, for instance
  - Child and Family
  - Mental Health
  - Acute Hospitals including A & E
  - Welfare

The Board’s recently established interagency Alcohol Forum has already done excellent work in awareness raising and harnessing interagency/intersectoral support for collective effort. The Forum’s 2004 / 2005 Action Plan will be presented to the Board for consideration in March / April 2004.

- **BREASTFEEDING** — the recurring findings from surveys indicate that breastfeeding levels have not increased to preferred levels and we compare both locally and indeed nationally very poorly with many of our European counterparts. Our future efforts must be even more concerted requiring support, again, from many quarters ranging from antenatal services to home support, media and voluntary groups.

1.12 CORPORATE MANAGEMENT THEMES

Apart from direct patient services themes, there are a number of corporate management themes elaborated on in this Service Plan. An overview of some key initiatives follows:

**PUBLIC HEALTH**

Apart from the usual range of functions and interests pursued a particular focus in 2004 will revolve around significantly advancing the risk management and clinical audit programmes and supporting the focus on “health inequalities”.

**HEALTH PROMOTION**

The Health Promotion Department seeks to improve the health of individuals in a holistic way by strengthening community action, developing personal skills and re-orienting health services.

This is achieved by working in a strategic evidence based way to develop models of good practice. A concerted effort is being made to target areas of need with a particular focus on areas of social disadvantage. Health Promotion undertakes work on a partnership basis with other health service providers, statutory and voluntary agencies and consumers.
HUMAN RESOURCES

With the Reform Programme being pursued in parallel with normal service delivery programmes in 2004, the Human Resource function will be maintaining a keen and crucial oversight on transition process. The Action Plan for People Management will continue to be implemented. The Whole Time Equivalency Ceiling will also be a key result area in 2004.

PARTNERSHIP

Since the inception of a Health Services Partnership Committee in 2000, the North Western Health Board has shown enthusiasm and commitment to the principles and philosophy of Partnership. Many projects and initiatives, supporting the partnership principles have been progressed in 2003. The meeting of the extended Partnership Forum, in the last quarter of 2003, is an important milestone in the organisational move towards collaborative working. The preparation of a Service Plan by the Local Partnership Committee in its own right is also welcome, the details of which are contained in the Operational Plan.

EQUALITY

The NWHB produced and distributed its Anti-Racist Code of Practice in 2003. Full implementation of this code is a priority in 2004 and a number of actions are required across all services and functions. The launch of the Employment of Persons with Disability Code also demands attention and focus in 2004 and beyond.

FINANCE

The Finance Function in its own right is a key support to services both in terms of transactions, systems and budgetary and management accounting support. The function plays a key role in advising on financial regulations, monitoring compliance and generally accounting for our stewardship in a financial context. The recommendations in the Brennan Report will be duly regarded and there will be particular emphasis in 2004 on devolving budgets in a very explicit fashion. The Audit Committee, established in 2002, provides a very valuable service in terms of Board governance.

INFORMATION TECHNOLOGY

Boards through HeBE are now pursuing single, "all health system / enterprise wide developments" on the ICT front. The National Programme on Hospital Information Systems (HIS) is a priority for the North West in 2004. Already the Board is the lead agency on the PPARS System. A National Financial Information System (FISP) is also being progressed. Apart, however, from these national systems there are very many local programmes and initiatives which must be supported and maintained in 2004. Figures quoted in earlier Service Plans relating to PC users, locations and increase in network bandwidth over two years, reflect the extent to which computerisation is an essential ingredient in current day service provision which must be maintained by this function.

As the final component within the frameworks for change, within Quality and Fairness, the launches of the National Health Information Strategy and the Board's ICT Strategy is critical.

TECHNICAL SERVICES

The Technical Services Function concerns itself mainly with Estate Management, Waste Management, Fire Safety and Energy Management. The function also takes a lead role in pursuing a "Green" Programme. The Board in 2003 received an allocation for minor capital works which was implemented, the lead role being successfully taken by the Technical Services function. It is expected that a similar programme will be available in 2004, although the allocation has not been determined as yet.
MATERIALS MANAGEMENT / VFM

One of the major success stories in 2003 in relation to VFM relates to the cost containment efforts on materials and non-pay purchases led by the Regional Materials Management function in full collaboration with the Service Managers. There remains further scope for developments in this regard and the 2004 Budgetary Strategy is again heavily dependent for success on this theme.

NURSING / MIDWIFERY PLANNING AND DEVELOPMENT

The work of this unit is vitally important and influences the degree of success of the Board’s services. Over 2400 of the Board’s staff are Nurses/Midwives. In 2004 implementation of the Mental Health Services Review Report will be very dependent on support from this unit.

HEALTH BOARDS EXECUTIVE (HEBE)

HeBE’s work in 2002, 2003 and plans for 2004 have been published separately by HeBE. This is now a primary vehicle through which shared and conjoint work between Boards to advance the Reform Programme can be pursued. The Board has taken a lead role in many projects, for instance PPARS, ICT Strategy, National Service Planning and Performance Indicator Project. Funding of the HeBE is shared by all of the Boards.

CAWT CROSS BORDER WORKING

The programme for 2003 was advanced successfully. Funding for the incoming year was largely finalised in the course of 2003. Success here was due in significant measure to the work of the CAWT Development Unit. The projects will be operational throughout 2004. Of particular interest will be the proposed new arrangements for cross border working in the context of the Reform Programme.

REGIONAL DEVELOPMENT

The challenge for 2004 is to further develop interagency and cross border relationships and exploit all opportunities in a positive sense. The importance of this focus has been clearly highlighted in the Population Health Section 3. Additional areas of focus include Consumer Services and Regional Appeals which also are within this corporate function.

CONSUMER PANELS

The Board has piloted over the past 18 months a significant number of panels throughout the service and reflected on the experiences and learning from same at a recent conference. The feedback was positive and our general direction is right. There is opportunity however, for refinement of the modes operandi, membership arrangements and at this stage mainstreaming. This programme will be advanced and accelerated this year.

To recap, the objective of the panels is to facilitate at a local service provision level (e.g. specialty, day centre, internal board service) dialogue and feedback between local service providers and service users / patients on what operational and process matters would bring about greater quality and service improvements. It is essentially about removing “irritants”, improving communications generally, accommodation “basics” and such like as distinct from dealing with broader policy and strategy issues.

Staff generally have found the feedback from service users very encouraging and positive, and have delight in further improving services in small ways in this very positive context.
HOUSEKEEPING "BASICS"

We must be ever vigilant in relation to the many fundamentals in our service - in this instance the simple "Housekeeping Basics" as one would describe them. It is intended this year to pay particular attention to:

Housekeeping and the condition of our facilities, patient accommodation. This is inclusive of
- Housekeeping and general standard of cleanliness
- Décor
- Signposting
- General ambience
- Grounds / approach
- "First Impressions"

Much of our accommodation is in excellent condition – some however, needs considerable attention. This theme is not about major capital investment but about day to day operations and maintenance works - in effect that which the patient and service users tend to encounter notice and indeed comment on.

CAPITAL / NDP

The Capital Programme in general is reported under separate cover to the Board. Throughout the year there have been regular meetings with the Department of Health and Children on capital projects. The approval to proceed with the A & E in Letterkenny and the Renal Unit in Sligo was welcome in 2003. Despite this however, there is concern over delays in advancing the capital programmes involving many other projects, not least among them the additional acute medical beds, the Alzheimer’s Unit, Camdonagh and Primary Care Centres such as Creeslough.

1.13 KEY ISSUES / CONTINGENCIES THAT MAY INFLUENCE DEGREE OF SUCCESS IN 2004

Successful delivery of the 2004 Service Plan is significantly contingent on a number of key influences. Some of these are generic, some are particular to individual service settings. The generic issues are listed here:- individual sections and chapters should be read in conjunction with these.

- Remaining within the employment ceiling / cap
- The Health Service Organisation Reform Programme - impact of same and transition management
- Containing service level activity to funded levels in the face of ever increasing demand patterns some of which are "rights" based
- Containing costs to funded levels
- Implementation of Tobacco (Smoking) Prohibition Regulations 2003
- Implications and resourcing of new legislation – for example Disability Legislation, Mental Health
- Implementation of the EU Working Time Directive

1.14 MONITORING MECHANISMS

Each Care Group / Service within the North Western Health Board will undertake monitoring and reporting as follows:-

Detailed quarterly reports indicating:
- Progress on implementation of service / operational plans
- Activity
- Performance Indicators
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- Finance
- Staffing
- Key Result Areas

Other regular reports will include:
- Monthly Activity Reports
- Monthly Budgetary Control Reports
- Monthly Whole-Time Equivalent Reports
- Weekly Absenteeism Reports
- Monitoring of Service Level Agreements with Voluntary Groups

Care Group or Service specific monitoring will augment the above - details are identified within each care group / chapter and should be read in conjunction with the above. The entire suite of reports will ensure compliance with internal and external reporting requirements for 2004.

As in previous years, there will be formal reports to the Special Board meetings in May and October, together with regular progress reports to the normal Board meetings on service and budgetary issues as necessary.

1.15 QUALITY AND FAIRNESS

Our National Health Strategy, Quality and Fairness – A Health System for You, is the backdrop and context within which we plan and deliver services in the North Western Health Board. Our Service Plan in 2003 and again in 2004 is closely aligned with the Strategy. The four national goals are at the fore as we tackle issues relating to:-

- Better health for the Population
- Fair Access
- Responsive and Appropriate Care
- High Performance

Each objective and action within the Service Plan is aligned with Quality and Fairness and cross referenced in detail. Also, in accompanying documentation a summary of planned actions, by reference to Quality and Fairness Is prepared.

1.16 SUSTAINING PROGRESS

This nationally agreed programme is vitally important in supporting the Board's ongoing service development programme for 2004. Accompanying this Service Plan and as an integral part of the Operational Plan is the more detailed outline of the mechanism through which we report on Sustaining Progress. Additionally the Operational Plan captures the key themes and deliverables expected from Sustaining Progress:

- Consumer / Customer Services
- Industrial Relations
- Performance Management
- Value for Money
- Reform

For each theme the context, programme and key objectives with deliverables / milestones are identified.
1.17 CONCLUSION

The legislation governing the Service Planning process is the Health (Amendment) (No.3) Act 1996. Under Section 5.1 of that Act the Minister "shall determine the maximum amount of net expenditure that may be incurred by the Board for the financial year. For 2004 this amount is €495,674,000.

Under Section 6 of the Act, the Board must, within 42 days of receipt of the determination, adopt and submit to the Minister a Service Plan which is consistent with the financial limits determined and which takes account of the policies and objectives of the Minister and of the Government.

The Service Plan and Financial Statement is presented within the determination notified by the Minister. It takes account of the policies of the Minister and the Government. It reflects and is consistent with the National Health Strategy and the objectives and priorities adopted by the Board.

As in 2003, growth in services cannot be at levels experienced in recent years due to the limited extent of development funding included in the determination, and the fact that over 80% of the absolute increase in resources is committed to pay and price increases and the full year cost of the small number of service developments which were approved in 2003. However, by any reckoning, the resources available to the Board are significant and present us with an opportunity to continue to optimise the positive impact of the services which we provide to our population.

The Service Plan for 2004 is the benchmark against which the Board progress during the year will be assessed. Implementation of the plan is dependant on the levels of expenditure in each and every service area continuing to be carefully managed and controlled and ensuring that the income and cost containment measures are effective. In addition the revised employment ceiling must not be exceeded.

The adoption of the Service Plan is a reserved function of the Board. Section 7 of the 1996 Act requires the members of the Board to monitor expenditure, and to ensure that it does not exceed the amounts set by the Minister. The Board may vary its Plan at any time during the year provided it does not break the financial parameters laid down by the Minister.

Section 9 of the 1996 Act states that the Chief Executive Officer shall implement the Service Plan, or amended Service Plan, on behalf of the Board and it is the responsibility of the CEO to ensure that the net expenditure of the Board does not exceed the amount of the determination. Where an opinion is formed that a decision of the Board will result in net expenditure or indebtedness exceeding the amounts so determined, the CEO is required to inform the Minister and the Board.

As in previous years this Service Plan is an informed proposal to make continuing inroads on service needs. It is the culmination of an inclusive planning process with the required extensive involvement of providers at all levels. It sustains our focus on maintaining patient services and strikes a reasonable balance between service delivery and service development.

Our previous achievements have been built on the foundation of a highly motivated, committed and dedicated staff, an enviable and dynamic voluntary sector, and very supportive counterparts within the Department of Health & Children. This foundation had been built on, supported and guided by our Board members whose guidance and direction for Management and service providers is invaluable.

I would like to formally acknowledge my deep gratitude to all, and to express the hope that their contribution to delivering on this plan for 2004 will match their past record.
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This plan, again, puts the patient first yet fully regards and respects all the staff and service providers and I recommend it to the Board.

Pat Harvey
Chief Executive Officer

13th January 2004
2. EXECUTIVE SUMMARY

This section of the Report contains a high level summary of the Service Plan in relation to:

- Activity (2.1)
- Finance (2.2)
- Staffing (2.3)

2.1 ACTIVITY SUMMARY

Key activity out-turns 2003 / targets 2004 are now identified

**PRIMARY CARE (SECTION 4)**

<table>
<thead>
<tr>
<th>MEDICAL CARDS</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Dgl</td>
<td>S/Lm</td>
<td>Total</td>
</tr>
<tr>
<td>Number of persons covered by a Medical Card (at 31st December 2003)</td>
<td>98,500</td>
<td>66,800</td>
<td>31,700</td>
<td>97,914</td>
</tr>
<tr>
<td></td>
<td>97,914</td>
<td>67,000</td>
<td>30,914</td>
<td>97,914</td>
</tr>
</tbody>
</table>

Comments: Figures in respect of current and up to date GMS register as of 31st December 2003

**OUT OF HOURS GP SERVICE (NoWDOC)**

<table>
<thead>
<tr>
<th>OUT OF HOURS GP SERVICE (NoWDOC)</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Dgl</td>
<td>S/Lm</td>
<td>Total</td>
</tr>
<tr>
<td>Number of service user contacts.</td>
<td>36,647*</td>
<td>36,647*</td>
<td>^^^^^^</td>
<td>37,221</td>
</tr>
<tr>
<td></td>
<td>60,000</td>
<td>48,000</td>
<td>12,000</td>
<td></td>
</tr>
</tbody>
</table>

Comments: Annual target of 46,000 contacts in respect of 2003, revised in September 2003 to 36,647 to reflect revised / later commencement dates for service expansion to South West Donegal and Sligo / Leitrim areas than anticipated when target was set. Number of service user contacts during 2003 therefore slightly exceeded revised target. 2004 target is calculated to reflect anticipated activity associated with expansion of Out of Hours GP service (NoWDOC) in the NWB region and full year service activity in South West Donegal area.

**AMBULANCE SERVICE (SECTION 5)**

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Category</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>
## SERVICES FOR OLDER PEOPLE (SECTION 7)

<table>
<thead>
<tr>
<th>OLDER PERSONS</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Dgl</td>
<td>S/Lm</td>
<td>Total Dgl</td>
<td>S/Lm</td>
</tr>
<tr>
<td>HOME SUPPORT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of hours of Home Support provided</td>
<td>678744</td>
<td>359048</td>
<td>306896</td>
<td>676034</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAY HOSPITAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Day Hospital attendances</td>
<td>76876</td>
<td>39876</td>
<td>37000</td>
<td>74881</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAY CENTRES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Day Centres attendances</td>
<td>58100</td>
<td>40100</td>
<td>18000</td>
<td>62079</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONTINUING CARE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of people over 75 years in Continuing Care</td>
<td>1150</td>
<td>500</td>
<td>650</td>
<td>1115</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRIVATE NURSING HOME SUBVENTION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people subvented in Private Nursing Homes (average per month)</td>
<td>458</td>
<td>150*</td>
<td>306*</td>
<td>442</td>
</tr>
</tbody>
</table>

Comments: 2003 Day hospital attendances are below target by 3%. This is due to changes in emphasis to a social model of care and more appropriate attendances at day centres rather than day hospitals. 2004 target reflects anticipated decrease in attendances by 1%.

Comments: The number of Older People >75 years in continuing care is slightly less than the targeted number, this reflects the person centred philosophy of the CHOICE programme in supporting the choices and wishes of Older People to remain in their own homes and communities, primarily achieved through an emphasis on the provision of significant levels of home support and day orientated services, and a range of carer supports. 2004 target is based on number in continuing care at 2003 year end.

## CHILDREN (SECTION 8)

### IMMUNISATIONS (DATA Q4 2002 – Q3 2003)

<table>
<thead>
<tr>
<th>PERCENTAGE UPTAKE OF DTA/P/DTP/HIB/POLIO AND MENINGOCOCCAL C VACCINATION AT 12 MONTHS OF AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT</td>
</tr>
<tr>
<td>Hib</td>
</tr>
<tr>
<td>Polio</td>
</tr>
<tr>
<td>MenC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERCENTAGE UPTAKE OF DTA/P/DTP/HIB/POLIO/MENINGOCOCCAL C AND MMR AT 24 MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT</td>
</tr>
<tr>
<td>Hib</td>
</tr>
<tr>
<td>Polio</td>
</tr>
<tr>
<td>MenC</td>
</tr>
<tr>
<td>MMR</td>
</tr>
</tbody>
</table>

Comments: 2004 targets are set in line with the national immunisation target of screening 95% of all children.
## Financial Statement and Service Plan

### Executive Summary

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>REGIONAL</td>
<td>Donegal</td>
<td>Sligo</td>
</tr>
<tr>
<td>Total</td>
<td>1,187</td>
<td>571</td>
<td>646</td>
</tr>
<tr>
<td>Admissions To Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>37</td>
<td>34</td>
</tr>
<tr>
<td>Children in Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>212</td>
<td>114</td>
<td>94</td>
</tr>
</tbody>
</table>

### PERSONS WITH DISABILITIES (SECTION 9)

<table>
<thead>
<tr>
<th>CATEGORY: THERAPY SERVICES</th>
<th>OUT-TURN 2003</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>DL</td>
</tr>
<tr>
<td><strong>OCCUPATIONAL THERAPY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of attendances</td>
<td>10,390</td>
<td>6,454</td>
</tr>
<tr>
<td><strong>PHYSIOTHERAPY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of attendances</td>
<td>63,603</td>
<td>43,955</td>
</tr>
<tr>
<td><strong>SPEECH AND LANGUAGE THERAPY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of attendances</td>
<td>20,162</td>
<td>10,848</td>
</tr>
<tr>
<td><strong>PSYCHOLOGY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of attendances</td>
<td>6,104</td>
<td>2,957</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CATEGORY: PHYSICAL AND SENSORY DISABILITY</th>
<th>OUT-TURN 2003</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>DL</td>
</tr>
<tr>
<td><strong>HOME AND PERSONAL SUPPORT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of home help hours provided</td>
<td>24,852</td>
<td>12,106</td>
</tr>
<tr>
<td><strong>PERSONAL ASSISTANT (CIL)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of hours provided</td>
<td>44,965</td>
<td>22,957</td>
</tr>
<tr>
<td><strong>HOME CARE ATTENDANT SCHEME (WAI)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of hours provided</td>
<td>31,578</td>
<td>23,427</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CATEGORY: LEARNING DISABILITY</th>
<th>OUT-TURN 2003</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>DL</td>
</tr>
<tr>
<td><strong>HOME AND PERSONAL SUPPORT SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of Home Help hours provided</td>
<td>59,499</td>
<td>21,902</td>
</tr>
<tr>
<td>No. of Carer Support hours provided</td>
<td>6,479</td>
<td>5,190</td>
</tr>
<tr>
<td><strong>DAY SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of Day Service attendances</td>
<td>111,629</td>
<td>42,891</td>
</tr>
<tr>
<td><strong>RESPITE SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of respite hours provided</td>
<td>275,578</td>
<td>165,906</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>OUT-TURN 2003</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>DL</td>
</tr>
<tr>
<td><strong>AUTISM SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of people in receipt of Autism Services</td>
<td>176</td>
<td>118</td>
</tr>
</tbody>
</table>
COMMUNITY SERVICES (SECTION 11)

<table>
<thead>
<tr>
<th>DENTAL</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Dg S/Lm</td>
<td>Total Dg S/Lm</td>
<td>Total Dg S/Lm</td>
<td>Total Dg S/Lm</td>
</tr>
<tr>
<td>DTSS AUTHORISATIONS</td>
<td>5774 3301 2473</td>
<td>8278 2434 2845</td>
<td>-9% -26% +15%</td>
<td>5278 2434 2845</td>
</tr>
<tr>
<td>CLINICS</td>
<td>9250 5750 3500</td>
<td>9371 6004 3367</td>
<td>+1% +4% -4%</td>
<td>9371 6004 3367</td>
</tr>
<tr>
<td>SCHOOLS SCREENING</td>
<td>9792 6204 3568</td>
<td>8294 4993 3301</td>
<td>-15% -19% -8%</td>
<td>8792** 6204 3568</td>
</tr>
</tbody>
</table>

Comments: *Outturn is in respect of school year September 02 – June 03 - 285 schools examined and 8294 children screened (73 schools and 1859 children screened during the period September to December 02 and 212 schools and 6425 children examined during the period January 03 – June 03.) All schools were examined in the region and the number of children screened is below target by 15% due mainly to absence of children on day of dental screening.

** 2004 target is based on number of schools for examination and number of children for screening in respect of school year September 03 – June 04. During the period September – December 03, 38 out of total 285 schools were examined and 1638 children out of a total of 8792 screened (Donegal X 25 schools and 724 children and Sligo / Leitrim by 13 schools and 914 children)

<table>
<thead>
<tr>
<th>AUDIOLOGY</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Dg S/Lm</td>
<td>Total Dg S/Lm</td>
<td>Total Dg S/Lm</td>
<td>Total Dg S/Lm</td>
</tr>
<tr>
<td>ATTENDANCES</td>
<td>3710 2020 1690</td>
<td>3731 1804 1927</td>
<td>+1% -11% +14%</td>
<td>4300 2260 1990</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPHTHALMIC SERVICES</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Dg S/Lm</td>
<td>Total Dg S/Lm</td>
<td>Total Dg S/Lm</td>
<td>Total Dg S/Lm</td>
</tr>
<tr>
<td>ATTENDANCES</td>
<td>9400 6000 3400</td>
<td>9638 6566 3070</td>
<td>+3% +9% -10%</td>
<td>9638 6600 3070</td>
</tr>
<tr>
<td>SCHOOLS SCREENING</td>
<td>10622 6162 4500</td>
<td>12523 6112 6411</td>
<td>+17% -1% +42%</td>
<td>6606 4561 2045</td>
</tr>
</tbody>
</table>

| OPTOMETRIST SCHEME | Number of authorisations | 16038 10976 5090 | 15307 10528 4779 | -5% -4% -6% | 11,758 7,760 3,968 |

1 In respect of school year September 03 – June 04 and will be reported only in Quarter 3
### ENVIRONMENTAL HEALTH

<table>
<thead>
<tr>
<th>FOOD CONTROL/FOOD SAFETY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INSPECTIONS OF FOOD PREMISES</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of inspections of food premises by high risk category</th>
<th>Total</th>
<th>Dgi</th>
<th>S/Lm</th>
<th>Total</th>
<th>Dgi</th>
<th>S/Lm</th>
<th>Total</th>
<th>Dgi</th>
<th>S/Lm</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>2234*</td>
<td>1125*</td>
<td>1209</td>
<td>2376</td>
<td>1103</td>
<td>1273</td>
<td>+2%</td>
<td>-2%</td>
<td>+5%</td>
</tr>
<tr>
<td>2004</td>
<td>3335</td>
<td>1705</td>
<td>1630</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: *2003 inspection targets were revised in Quarter 3 2003 due to staff involvement in the Regional Food Safety review and staff vacancies in Donegal. 2003 revised targets were achieved. In order to compensate for non achievement of original targets during 2003, priority to be given to high risk premises inspections in 2004 and target figure is calculated accordingly. Because of this the targets for low risk premises inspections are decreased. However additional inspections in any of the 3 categories will be carried out in response to complaints received.*

### ACUTE HOSPITAL SERVICES (SECTION 12)

**REGIONAL ACTIVITY**

#### INPATIENT PERFORMANCE

<table>
<thead>
<tr>
<th>REGIONAL ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REGIONAL ACTIVITY</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2003 TARGET</th>
<th>2003 PROJECTED</th>
<th>VARIANCE</th>
<th>2004 TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>33360</td>
<td>36172</td>
<td>2632</td>
<td>35210</td>
</tr>
</tbody>
</table>

#### DAY CASE PERFORMANCE

<table>
<thead>
<tr>
<th>REGIONAL ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REGIONAL ACTIVITY</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2003 TARGET</th>
<th>2003 PROJECTED</th>
<th>VARIANCE</th>
<th>2004 TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>40970</td>
<td>44947</td>
<td>5977</td>
<td>47260</td>
</tr>
</tbody>
</table>

#### REGIONAL ACTIVITY – ACCIDENT AND EMERGENCY

<table>
<thead>
<tr>
<th>Target 2004</th>
<th>Total Target 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Return</td>
<td>New Return</td>
</tr>
<tr>
<td>50500</td>
<td>50345</td>
</tr>
<tr>
<td>6475</td>
<td>-0.31</td>
</tr>
<tr>
<td>7.92</td>
<td>50500</td>
</tr>
<tr>
<td>5100</td>
<td>55600</td>
</tr>
</tbody>
</table>

#### REGIONAL ACTIVITY – OUTPATIENTS

<table>
<thead>
<tr>
<th>Target 2004</th>
<th>Total Target 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Return</td>
<td>New Return</td>
</tr>
<tr>
<td>30000</td>
<td>29249</td>
</tr>
<tr>
<td>66314</td>
<td>-2.50</td>
</tr>
<tr>
<td>12.10</td>
<td>31000</td>
</tr>
<tr>
<td>83000</td>
<td>114000</td>
</tr>
</tbody>
</table>
2.2 FINANCE SUMMARY

The following table provides a summary of the 2004 allocation:

<table>
<thead>
<tr>
<th>NORTH WESTERN HEALTH BOARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLOCATION 2004 OVERALL SUMMARY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>ALLOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2004</td>
</tr>
<tr>
<td></td>
<td>€000's</td>
</tr>
<tr>
<td></td>
<td>FOB</td>
</tr>
<tr>
<td>HOSPITAL CARE</td>
<td>215,966</td>
</tr>
<tr>
<td>COMMUNITY CARE</td>
<td>240,780</td>
</tr>
<tr>
<td>CENTRAL SERVICES</td>
<td>6,198</td>
</tr>
<tr>
<td>Centrally Administered Costs (Incl. Pensions/Lump Sums/Insurance)</td>
<td>27,587</td>
</tr>
<tr>
<td>National Payroll, Personnel, Attendance &amp; Rostering System (PPARS)</td>
<td>5,143</td>
</tr>
<tr>
<td>TOTAL</td>
<td>495,674</td>
</tr>
</tbody>
</table>

2.2.1 LETTER OF DETERMINATION FUNDING

Summary table of how specific Letter of Determination funding will be used (based on information as set out under each care group and main service heading)

<table>
<thead>
<tr>
<th>LOD SUMMARY</th>
<th>SPECIFIC INSTRUCTION</th>
<th>NWHB USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>€1.750 m</td>
<td>Costs associated with Waiting Lists</td>
<td>Establish permanent funding base for existing WLI approved posts Further Waiting List Funding from the DOHC will be pursued in 2004</td>
</tr>
<tr>
<td>€0.069 m</td>
<td>Civil Registration Modernisation</td>
<td>Funding is provided in respect of the introduction the Civil Registration Modernisation Programme and subject to agreement of a Service Development Plan with the Ard-Chleartheoir.</td>
</tr>
<tr>
<td>LOD SUMMARY</td>
<td>SPECIFIC INSTRUCTION</td>
<td>NWHB USE</td>
</tr>
<tr>
<td>-------------</td>
<td>---------------------</td>
<td>----------</td>
</tr>
<tr>
<td>€0.660 m</td>
<td>Winter Initiative</td>
<td>Winter Initiative Appointment of 2nd Emergency Medicine Consultant at each hospital</td>
</tr>
<tr>
<td>€0.250 m</td>
<td>Renal Dialysis Service</td>
<td>Seek DOHC approval for Consultant Nephrologist post – LGH with regional remit</td>
</tr>
<tr>
<td>€0.600 m</td>
<td>Cancer Services</td>
<td>To address service pressures in Oncology Haematology, including oncology drug pressures</td>
</tr>
<tr>
<td>€1.065 m</td>
<td>HIPE / Casemix</td>
<td>Positive Case Mix funding will be targeted at Acute Service improvements where continually there are pressure points.</td>
</tr>
<tr>
<td>€0.105 m</td>
<td>Services for Persons with Hepatitis C</td>
<td>Funding is provided on a once off basis in respect of providing primary health care services to persons who hold a health service card under the Health (Amendment) Act 1998 i.e. Persons with Hepatitis C</td>
</tr>
<tr>
<td>€0.833 m</td>
<td>Older People (0.688m)</td>
<td>Nursing Home Subvention Scheme Funding is provided to meet ongoing demands and will be utilised to achieve the levels of service defined in the activity targets table Personal Care Packages Funding is provided to meet ongoing demands and will be utilised to achieve the levels of service defined in the activity targets table Home Help Service Funding is provided to meet ongoing demands and will be utilised to achieve the levels of service defined in the activity targets table Elder Abuse Programme Establishment of Elder Abuse Programme in context of Protecting Our Future Report of the Working Group on Elder Abuse (DOH Report) Funding is provided to continue the development of the Elder Abuse Programme having regard to any recommendations made by the recently established National Implementation Group on Elder Abuse. The total amount available for this service in 2004 is €0.150m</td>
</tr>
<tr>
<td>€0.050 m</td>
<td>Mental Health</td>
<td>Support the funding of 3 Home Care Nurses in Donegal Establish post of 2nd Consultant in Palliative Care</td>
</tr>
<tr>
<td>€0.787 m</td>
<td>Learning Disability Services / Residential Services</td>
<td>Full year cost of €0.677m residential services for emergency, residential and day places provided in 2003. Full year cost (€0.110m) of residential / day placement.</td>
</tr>
<tr>
<td>LOD Summary</td>
<td>Specific Instruction</td>
<td>NWBH Use</td>
</tr>
<tr>
<td>------------</td>
<td>---------------------</td>
<td>----------</td>
</tr>
</tbody>
</table>
| €0.883 m   | Learning Disabilities / Autism | Provide an additional 5,400 hours of home support in 2004 (€0.170m)  
Provision of emergency placements and day places to meet the needs of service users in a variety of different settings. |
| €0.603 m   | Physical / Sensory Disability | Address core deficit funding in a number of voluntary organizations (€ 0.156M)  
Continue the roll out of the work on the National Physical and Sensory Disability Database (€ 0.257M)  
Allocate €0.20m to Cheshire Services to sick pay scheme |
| €0.478 m   | Child Care | To fund full year costs of foster care allowance in 2004  
To fund contingency cost pressures and legal costs in 2004 |
| €0.348 m   | Dental Treatment | Provision of treatment to eligible persons under the Dental Treatment Service Scheme (DTSS).  
To fund fee increases from the 1st January 2003 and 1st January 2004 for services provided by DTSS providers |
| €0.081 m   | Community Optometric (Adult Services) | Provision of Adult Community Optometric Scheme Services  
To fund on a once off basis in respect of the provision of Adult Community Optometric Scheme Services |
| €0.195 m   | Community Optometric (Dual Eligibility) | Provision of Adult Community Optometric Scheme Services in respect of persons with eligibility under both the Medical Card and Department of Social and Family Affairs Schemes  
To fund on a once off basis in respect of increased costs / demands on the Adult Community Optometric Schemes arising from the dual eligibility agreement with the Department of Social and Family Affairs |
| €0.110 m   | Mobile Diabetic Retinopathy Screening | Provision of Pilot Mobile Diabetic Retinopathy Screening Service.  
To fund on an ongoing basis in respect of full year costs of this service (Total available funding in 2004 is € 0.259m) |
| €0.020 m   | Food Control | Roll out Environmental Health ICT System in Sligo / Leitrim Community Services area  
To fund on a once off basis in respect of the Environmental Health Food Control Service IT System. |
<table>
<thead>
<tr>
<th>LOD SUMMARY</th>
<th>SPECIFIC INSTRUCTION</th>
<th>NWHB USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>€0.110 m</td>
<td>Primary Care</td>
<td>To meet revenue costs of the Primary Care Team in Lifford and to support initiatives on multi-disciplinary team working on a more widespread basis</td>
</tr>
<tr>
<td>€0.244 m</td>
<td>Public Health Doctors</td>
<td>To cover the full year cost of pay increases awarded as part of the Public Health Doctors 2003 agreement.</td>
</tr>
</tbody>
</table>
| €0.126 m    | Nursing Issues       | Nurses Pay – Accident and Emergency Circ 25/02 and 34/02 (ongoing)  
Transition of Pre-Registration Nursing Education to a Degree Programme Project Manager Posts (once-off)  
Sponsorship Scheme for Public Health Service Employees wishing to train as Nurses (once-off)  
Maintenance Grants for Pre-registration Nursing Diploma Students (once-off)  
Fees Initiative for Part-Time Nursing Degrees (once-off)  
Fee Support for Specialist Nursing Courses (Circs 150/2000 and 47/2001) (once-off) |
| €0.040 m    | Health Promotion     | Community Development Project (once off) – Voice for Older People Project |
### 2.3 Staffing Summary

This high level summary contains the defined ceiling by Whole Time Equivalent Numbers within the Board.

<table>
<thead>
<tr>
<th>Medical/Dental</th>
<th>Management &amp; Clinical Support</th>
<th>Nursing</th>
<th>Health &amp; Social Care Professionals</th>
<th>General Support (Incl Maint)</th>
<th>Other Patient &amp; Client Care</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>410.9</td>
<td>1136.9</td>
<td>2344.8</td>
<td>636.8</td>
<td>1485.9</td>
<td>1301.7</td>
<td>7317.0</td>
</tr>
</tbody>
</table>
3. POPULATION HEALTH

3.1 POPULATION PROFILE

The NWHB region has the highest deprivation and dependency levels in the country. We have 33% more elderly than the average for the rest of the country and 29% of our population are children. Our geographical location and isolation from national centres of excellence combined with poor public transport creates a unique challenge in terms of access to services and the need for greater local self-sufficiency. These demographic factors generate proportionally higher costs in providing services.

3.2 HEALTH INDICATORS AND TRENDS

Although mortality rates for coronary heart disease and cancer have declined in recent years they are still substantially higher for the Irish population than the European average. The less well-off in Ireland suffer greater levels of ill-health and premature mortality. There is a striking difference in mortality between the highest and lowest socio-economic groups in Ireland.

In the North Western Health Board and in Ireland the top four causes of death are cardiovascular disease, respiratory disease, cancers and injuries/poisoning. For those under 65 years, cancers and injuries/poisoning move above respiratory diseases as causes of mortality, while cardiovascular disease remains the main cause of premature mortality.

The Irish determinants of health are broader than individual disease risk-factors and include: education, the home setting, parents' attitudes, education level and lifestyles, income, access to health services, general environment, family, social and neighbourhood, nutrition, crime security and personal safety, chronic health problems, transport, genetics. (Fig 1).

Fig 1 Whitehead et al 1996.
3.3 POPULATION HEALTH

Population health is an approach to health that aims to improve the health of the entire population or sub-groups within the population. It involves the development of policies aimed at reducing health inequalities among population groups. The achievement of good health involves many sectors and every strand of society and goes beyond the responsibility of the individual or healthcare providers.

A cross cutting theme across the work of the board should be to achieve a balance between the treatment of illness on one hand and the prevention of disease and the promotion of health on the other hand. Health Promotion is a core component of the work of all programmes and settings and also requires continued dedicated expertise and resources.

Health protection involves surveillance and control of communicable diseases, environmental hazards and chemical threats and the implementation of measures to ensure food safety. Services such as childhood screening and immunization, cervical and breast cancer screening and the prevention and management of conditions which are more common in older people (e.g. hypertension and diabetes mellitus) are more specific health protection initiatives.

3.4 INEQUALITIES IN HEALTH

Ireland has the second largest breadth of health inequalities in the EU. We must continue to ensure that we implement policies and develop services that evidence already shows can make a difference in reducing inequalities. The Institute of Public Health Study on mortality in Ireland from 1989 to 1998 showed that the all-cause mortality in the lowest occupational class was 3.5 times that in the highest occupational class (Fig 2). There is also a need for further qualitative and quantitative research to explore solutions to health inequalities.

Figure 2: Occupational class gradients in mortality (IPH Mortality Report 2001)

The table above has particular relevance for the North West in view of our deprivation indices.

Health Impact Assessment (HIA) is a procedure by which a policy, project or programme can be judged as to its potential effects on the health of a population and the distribution of those effects within the population. The development of sufficient HIA capacity across the health system is a priority in the National Health Strategy.
3.5 PRIMARY CARE

Many quality improvement initiatives have been undertaken in General Practices in the region and these deserve encouragement and support. Evaluation of the Pilot Primary Care Implementation Project at Lifford will allow exploration of primary / secondary care interface issues and the development of primary care team-building and networks. In addition, a needs assessment in primary care in the North Western region should be carried out to further understand the needs of the population. The Public Health department intends to produce a discussion paper on the primary/secondary care interface. Ongoing support of initiatives for diabetic patients in the region is both necessary and cost effective. These initiatives include development of a diabetic register, co-ordinated patient education programmes, structured care in general practice and roll-out of a mobile screening programme for detection of diabetic eye disease. Services and support for older people and their carers should be reviewed and evaluated particularly services for dementia.

3.6 COMMUNICABLE DISEASE CONTROL AND ENVIRONMENTAL HEALTH

Communicable Disease Surveillance and Outbreak Management are essential Public Health functions that require ongoing training and increased capacity to deal with an increasing range of issues (e.g. antimicrobial resistance) and emerging infectious diseases (e.g. SARS). An organised out-of-hours component to the Public Health Service is essential for the provision of a safe and effective system of Communicable Disease Control and Environmental Incident response.

Sustained effort is needed to further increase uptake levels of childhood immunisations if serious outbreaks of childhood infections are to be prevented. Evaluation and planning of services for the management of Sexually Transmitted Infections (STIs) is a priority and the Health Promotion message needs to be strengthened towards prevention of STIs.

Environmental Health Surveillance as well as specific outbreak/incident plans are currently being developed and should be supported as essential initiatives. Emergency Planning is necessary in relation to major incidents (chemical, biological or nuclear) and specific infectious diseases (SARS, influenza and Legionnaires' disease) not only to protect the public but also to protect healthcare staff and to enable continuity in providing a health service.

3.7 Children's Services

Ongoing work is needed on the service needs of children in the board's area; increasing the level of uptake of childhood immunisations and improving child health surveillance systems.

Continued support of early years and family programmes such as Lifestart is important. Specific focus on certain vulnerable groups such as children with chronic illness, children with a disability or children in the care of the Board remain a priority.

3.8 WOMEN'S HEALTH

Priorities in the area of women's health include enhancing the provision and uptake of breast and cervical cancer screening, increasing breast-feeding rates, addressing our high teenage pregnancy rate, and supporting health promotion initiatives in relation to smoking, diet, exercise and prevention of osteoporosis.

The NWHB have signed up to delivering specific actions under the cross-border women's health initiative "Over Borders" e.g. including women in planning and decision making.
3.9 MEN'S HEALTH

More concerted action to address men's health is a priority in reducing health inequality, as life expectancy for men in Ireland is now significantly lower than for women (Fig 3). Specific issues requiring priority attention include premature cardiovascular disease, cancer (prostate, lung and colon) and in young men road traffic accidents and suicides.

![Figure 3: Male life-expectancy at birth, Ireland and EU, 1970 - 1997 (CSO, 1996).](image)

3.10 PEOPLE WITH DISABILITIES

Comprehensive needs assessments (Learning Disabilities and Physical and Sensory Disabilities) has taken place in recent years and as a priority the Board will be developing a strategic plan to map the future model of disability services in the region.

3.11 ACUTE HOSPITAL SERVICES

High quality diagnostic, curative and rehabilitation services can significantly increase long-term population health gain. These services should be delivered in a context of objective needs assessment, evidence-based prioritisation of services and resource allocation and systems for risk management, clinical effectiveness and continuous quality improvement. The staff, supported by the Public Health Service, are working in a collaborative way to achieve these objectives in the acute setting.

The implementation of evidence-based guidelines and Integrated Care Pathways (ICPs) can ensure improvement in the quality and safety of patient care and should be strongly promoted and supported in each of the hospitals.

The ongoing implementation of the cardiovascular strategy and initiatives to improve the organisation of pre-hospital cardiac care should continue to be priorities in this board. A regional audit of cancer services and support to develop cervical cytology services in the region should also be top priorities. A review of prescribing should be undertaken from both a risk management and cost-effectiveness point of view. With ever-increasing advances in healthcare and associated increased public demands, Health Technology Assessment (HTA) is an essential tool in the effective allocation of available resources.

3.12 CROSS CUTTING SERVICE THEMES

As outlined in the CEO's Overview a number of themes have been identified by the NWHB as cross cutting themes requiring corporate focus. These themes include:
Financial Statement and Service Plan 2004

Population Health

- Smoking
- Alcohol
- Diabetes
- Respiratory Disorders
- Mental Health

The following provides an overview / update on where we are at in relation to these themes

SMOKING

Smoking is one of the most important preventable causes of ill health and premature death. Each year, approximately 7000 people die as a direct result of damage caused by smoking. According to the SLAN survey 2002, 26% of the NWHB population are smokers compared with 27% nationally.

More evidence is now emerging about the damaging health effects of passive smoking on healthy non-smokers. In healthy non-smokers passive smoking can cause heart disease, lung cancer, respiratory disease etc. It causes asthma and bronchitis and middle ear infections in children. Current ventilation technology is ineffective in removing the risk to health.

In an effort to protect employees from the harmful effects of cigarette smoke the "Tobacco Smoking (Prohibition) Regulations, 2003" will come into effect at the end of February 2004. In July 2003 a Regional Smoking Forum was established in the NWHB to oversee the implementation of the new legislation in the board's premises and to develop community smoking-cessation services. These services will be in place by February 2004 with clinics available throughout the region as required. As the service develops health promotion programmes will be targeted towards particular groups of the population. Although acute psychiatric hospitals and long-stay premises are exempt from the legislation, a particular effort will be made in this board area to help staff and patients in these premises to stop smoking. Over the next 6 – 12 months we want to reduce exposure to ETS in our residential units to as low levels as possible.

ALCOHOL

The adverse effects of alcohol excess extend beyond physical and mental health issues (deliberate self-harm, liver cirrhosis, cancer, etc.) to social and financial problems (interpersonal violence, drink driving, family dysfunction etc.). Alcoholic disorders accounted for almost 1 in 4 of all admissions to the general hospital psychiatric unit in 2002 and was the second highest admission diagnosis.

The SLAN report, 2003 identified that in the NWHB 23.8% of adults drink over the recommended weekly alcohol limit. Alcohol consumption per capita in Ireland has risen by nearly 50% since 1989, the fastest growth in Europe. Some 29% of school-going children in Ireland have been drunk on at least one occasion. Alcohol is estimated to be associated with at least 30% of all road accidents.

The establishment of a "Task Force on Alcohol" was a key service objective in service planning 2003. In response to this, the North West Interagency Alcohol Forum has been set up to assist in the reduction of alcohol related harm in the North West. The final report from the alcohol forum will go before the board in April 2004. This report will provide specific recommendations and proposed actions towards reducing alcohol-related harm in the North West. Following consultation with the board, an appropriate implementation plan will be developed with all relevant agencies. The North West Regional Drugs Taskforce have adopted alcohol into their remit.

The NWHB has participated in a national project on alcohol related accidents presenting to the Emergency Departments of our general hospitals. The protocol for this study was devised by the World Health Organisation. In addition, research is being conducted to assess the
negative effects of alcohol in the North West and this report will be made available in April 2004. The reduction of alcohol-related harm must remain as a cross cutting theme within NWHB service planning.

DIABETES

The 2002 NWHB Service Plan identified diabetes service development as a key theme for the Board. A plan for the following 2-4 years was described in which a number of strategic objectives were outlined.

Diabetes services present the ideal model for improving patient care and outcomes for the following reasons:
- There is evidence to show that diabetes management involving the person with diabetes working closely with health care professionals is effective
- The consequences of poor control are known
- There is good evidence to show that interventions will work
- There is agreement on what comprehensive care involves and how services should be delivered and monitored

It is estimated that there may be as many as 7,200 people with diabetes living in the NWHB region. Complications from diabetes such as coronary artery and peripheral artery disease, stroke, diabetic neuropathy, amputations, renal failure and blindness result in increasing disability and reduced life expectancy. These complications could be reduced with more effective diabetes management.

Achievements over the recent two years relate in particular to standardising education, preparation of information literature, Retinopathy Screening plans, specialist nurse appointments and completion of plans for diabetic patient management systems.

Appointment of a Consultant Endocrinologist for this area is an urgent priority. Enhanced clinical and psychological services are also of clinical importance.

RESPIRATORY DISORDERS

Respiratory diseases cause 15% of deaths at all ages in the NWHB and 35% of deaths of those aged less than 65 years (PHIS 6, 2001 data). In addition respiratory disorders can be associated with reduced quality of life. They account for a significant proportion of admissions to our acute hospitals, particularly in the winter months.

A Respiratory Services Interest Group initiated by staff in Letterkenny General Hospital has made significant progress in developing guidelines for patient care. A Journal Club reviews best evidence and implements it throughout the hospital. Some achievements of this group to date include:
- New Chronic Obstructive Airways Disease (COPD) guidelines
- New guidelines for oxygen use on the wards
- A health promotion leaflet for COPD patients
- Respiratory link nurses on each ward

Further objectives have been set for delivery in 2004 and increased focus should continue towards this client group.

MENTAL HEALTH

The Review of Mental Health Services will come before the Board shortly and will provide a blueprint for the development of services in the next 5 - 10 years. Mental Health is a top priority of the Board for the coming year and we look forward to working with staff and clients in developing the services.
The Mental Health Service Plan (Section 6) provides further detail on the initiatives planned within the Mental Health Service in 2004.
4. PRIMARY CARE

4.1 CONTEXT

ROLE AND PURPOSE
Primary Care is an approach to care that includes a range of services designed to keep people well, from promotion of health and screening for disease to assessment, diagnosis, treatment and rehabilitation as well as personal social services. The services provide first-level contact that is fully accessible by self-referral and have a strong emphasis on working with communities and individuals to improve their health and social well-being. (Quality and Fairness A Health System for You 2001).

Primary Care, as the first point of contact that people have with health and personal social services, is considered to be the appropriate setting to meet 90-95% of all health and personal social service needs.

Quality and Fairness, National Goal Number 1 Better Health For Everyone – is concerned with promoting everyone’s health and reducing health inequalities - i.e. in adopting a population health focus as described in Section 3 of this document. This approach promotes the health of communities, groups and families as well as addressing individual health problems. It demonstrates the need for collaborative action from a number of agencies both within and outside the health system as an imperative to achieve and sustain a healthy population.

In presenting this Primary Care Service Plan for 2004, this broader concept of primary care / population health including advocacy on the broader determinants of health, the promotion of health, improving wellness, working with communities and individuals to empower them in the maintenance of their own health and social well being, health protection, illness prevention, primary care service provision / development and supporting those with long term problems from a health and social well being perspective are embraced within the service objectives and actions. The previously separate Adult Health and Women's Health Care Group service plans with their significant Health Promotion and inter-agency focus have therefore been incorporated into this Primary Care Plan.

Primary Care services therefore help people to stay healthy, improve the health of the local community and the overall population, enable people to take control of their health, provide appropriate care in the appropriate setting, co-ordinate on-going care for individuals and families and reduce health inequalities.

NATIONAL AND REGIONAL POLICY FRAMEWORK

The principal and legisitive framework guiding the provision of population health focused Primary Care Services includes:

- County Development Plans
- Physical Activity Strategy
- Road Safety Plan 1998
- National Alcohol Policy (1996)
- Primary Care – A New Direction (2001)
- Quality and Fairness - A Health System for You (2001)
- Report of the National Advisory Committee of Palliative Care (2001)

This plan should be read in conjunction with the CEO's Statement and Overview (Section 1) and Population Health Section (Section 3) of this Service Plan.
Board Strategies include:
- Furthering Consumer Involvement (1999)
- Primary Health Care in the North West (1999)
- Into the Millennium and Beyond Mental Health Strategy (1999) and
- Draft Mental Health Service Review Report to be considered by the Board in Quarter 1 2004

Board Policies adopted on:
- Smoking Prevention
- Nutrition
- Substance Misuse
- Breast Feeding

Board Surveys / Reports on:
- Post-Natal Depression
- Ante-Natal Education
- Caring for Carers (2000)

**NEEDS ANALYSIS**

Primary Care A New Direction (2001) recognises that health needs assessment is central to effective primary care and that it will be a continuous process. It also requires that consumers / communities have an input into such processes. It specifies that the coverage, composition and number of primary care teams in each health board area will be established on the basis of needs assessments consistent with a population health approach, to be initiated by the health boards and that this needs assessment will inform the development of a Human Resources Plan for Primary Care.

A comprehensive Primary Care Needs Assessment was undertaken in the north west region in 2003 in accordance with a national template. It profiles demographic factors, epidemiological factors, geographical considerations and existing health and social care provision. Some of the highlights of these have been reflected in Section 3 of this document on Population Health in the NWHB and are reflected in the Needs Analysis sections of the individual plans. Additionally Primary Care manpower, facilities and Information Communication Technology (ICT) requirements were identified in the context of the review of current service provision. Primary care is readily available to all people regardless of who they are or where they live, therefore the population of the entire region can access primary care services. Table 4.1 below presents a profile of this population by age groups.

**Table 4.1 NWHB Population Profile by Age Group**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>NWHB No. of Persons</th>
<th>NWHB Percentage Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (&lt; 18 years)</td>
<td>65,224</td>
<td>29%</td>
</tr>
<tr>
<td>Adult (19 - 64)</td>
<td>128,189</td>
<td>58%</td>
</tr>
<tr>
<td>Older people (&gt; 65 years)</td>
<td>29,349</td>
<td>13%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>222,762</td>
<td>100%</td>
</tr>
</tbody>
</table>
This profile highlights the region's high child and older people populations and consequent high dependency ratio. This is of significance for primary care service provision in that the greatest need for health care is at the extremes of age. In respect of the adult population it is also of significance from the perspectives of maintaining health and well-being through health promotion, education and preventive measures, information access, appropriate use of existing services and interagency requirements.

Considerable deprivation exists within the North Western Health Board region, with 44% (97,914) of the population (at December 2003) having General Medical Services Scheme (GMS) eligibility; such eligibility is taken as a measure of relative deprivation.

A range of determinants, including social, economic and environmental factors outside the health care system significantly affect the health of the general population. However, easy access to information, comprehensive preventative services, involvement of users in service developments and reviews, and good communication between staff and members of the public can empower people and improve their motivation and ability to manage their own health. Enhanced interagency liaison can help to address the broader issues, as can specific interventions led out by the Board's Health Promotion Service.

4.2 BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

Primary care encompasses a wide range of health and personal social services delivered by a variety of professionals who can make a significant difference not just in treating illness, but also in supporting people to care for themselves and their families, improving wellness, preventing illness and supporting those with long-term problems, from a health and social well-being perspective.

The ease of access to services, the quality, responsiveness and timeliness of the information, treatment and care received and the degree to which individuals are supported in leading healthier and more independent lives in their own communities are fundamental indicators for people of how well their needs are being served.

Primary care services / resources have the potential to prevent the development of conditions that may later require hospitalisation, facilitate earlier discharge from hospital and can lead to better outcomes, better health status and better cost effectiveness.

From a population health focus, the services which are most likely to impact on the general population include: Community Welfare, Environmental Health, Health Promotion and Administration / Information.

Other agencies, which address health determinants, include Local Authorities, Local Development Companies, Area Partnership Boards and the Gardai, all of which are significant partners for the Board in relation to the overall health of the regions population.

Primary Care Services refer to a range of services provided in the community by independent contractors and community based health and social care professionals. These include: General Practitioners, Nurses / Midwives, Home Support Workers, Physiotherapists, Occupational Therapists, Social Workers and Administrative Staff and by a wider primary care network consisting of Community Pharmacists, Dieticians, Community Welfare Officers, Dentists, Chiropodists, Psychologists, Speech and Language Therapists and Mental Health Services professionals.

Services are provided in: Primary Care Centres, GP practices, Community Pharmacies, other identified Health Board locations and 'at home'.

Services include
- Administration / Information services
- Interagency Liaison
Financial Statement & Service Plan 2004

Primary Care

- Health Promotion Services
- General Medical Services
- Mother & Infant Services
- Immunisation Services
- Infectious Disease Services
- Community based Health Services including: Community Welfare, Public Health Nursing, Community Mental Health, Occupational therapy, Physiotherapy, Social Work, Psychology Services etc.

The personal nature of these Primary Care Services facilitates a close on-going relationship between providers and users of the service and contributes to health and social gain.

ACHIEVEMENTS 2003

- Cardiovascular Strategy Projects
- GP Vocational Training Schemes expansion
- Out of Hours GP Service expansion
- Information Technology
- Primary Care Implementation Project Lifford
- CPR Training

4.3 THE YEAR AHEAD

4.3.1. 2003 ACTIONS ONGOING INTO 2004

The following actions planned for 2003 will form part of ongoing work in 2004.
- The development of community based Sexually Transmitted Infection (STI) Services in Sligo / Leitrim and Donegal (Q & F Action 16)
- Public Access Defibrillation / First Responder Pilot project (Q & F Action 54)
- Arrangements to ensure that more formalised internal service level agreements are put in place in respect of primary care services / service settings and in respect of cross programme / sector service arrangements (Q & F Action 72)
- A local Primary Care Needs assessment to identify priority needs for the Lifford Primary Care Implementation Project (Q & F Action 74)
- Full expansion of the NOWDOC Out-of-Hours GP Co-operative to the Sligo/Leitrim area (Q & F Action 77)

4.3.2 AIMS AND OBJECTIVES FOR 2004

The overall objectives identified in respect of Primary Care Services are to:

i) Work in partnership on Information provision and the broader determinants of health (Q & F Actions 3/19/52/53)

ii) Promote Health in the Community (Q & F Action 5)

iii) Continue to develop consumer involvement in Primary Care (Q & F Action 52)

iv) Develop a strengthened Primary Care System (Q & F Actions 16/28/29/53/54/55/57/68/74/76/77/92/101/104)
4.3.3 ACTIONS TO ACHIEVE OBJECTIVES

Objective i): Work in partnership on information provision and the broader determinants of health (Q & F Actions 3/52/53)

- Establish Regional and Local Environmental Health Action Plan Committee and formulate a Local Environmental Health Action Plan (LEHAP) (Q & F Action 3)
- Continue to work with County Development Boards to influence the broader determinants of and to promote a shared responsibility for health (Q & F Action 19)
- Continue to co-ordinate and deliver information on health and social services through liaison with Citizens Information Centres (Q & F Action 52)
- Continue integration of services in Public Services Centres in partnership with partner agencies in Dungloe, Milford, Camdonagh, Letterkenny, Donegal Town and Tubbercurry (Q & F Action 53)

Objective ii): Promote Health in the Community (Q & F Action 5)

- Continue to promote the health of the population through strengthening community action, providing supportive environments, developing personal skills and reorientation of the health services (Q & F Action 5)
- Support for communities and individuals will continue through initiatives which facilitate and support health with special regard to smoking, nutrition, physical activity and road safety (Q & F Action 5)

Objective iii): Continue to develop consumer Involvement in Primary Care (Q & F Action 52)

- Implement effective community participation in planning, delivery and monitoring of Primary Care based health services including ongoing work with Consumer Groups (Q & F Action 52)

Objective iv): Develop a strengthened Primary Care System (Q & F Actions 16/28/22/53/54/55/58/71/77/92/50/54)

- Develop community based Sexual Transmitted Infection services in Donegal and relocate existing Services in Sligo / Leitrim to a community setting (Q & F Action 16)
- Present Report on Needs Assessment for Family Planning and Contraceptive Services Study and implement recommendations in line with available resources (Q & F Action 16)
- Continue collaboration with Crisis Pregnancy Agency in the progression of initiatives in the context of the National Strategy to Address Crisis Pregnancy (Q & F Action 28)
- Liaise and work with the Irish Family Planning Association and the Crisis Pregnancy Agency in relation to Counselling Services (Q & F Action 28)
- Support the Diabetes Federation of Ireland (North West Branch) and Migraine Association of Ireland for the provision of services by service level agreement (Q & F Action 29)
- Implement roll-out of community based structured care and education programmes for people with diabetes subject to funding from Cardiovascular Allocation (Q & F Action 29)
- Agree and implement ‘shared care’ protocols between primary care practitioners and primary / secondary care practitioners (Q & F Action 53)
- Undertake Public Access Defibrillation / First Responder Pilot – subject to resolution of implementation issues including matters of medical / legal nature (Q & F Actions 54)
- Commission Primary Care Centre in Enniscrone and commence service provision (Q & F Action 55)
- Commence regional Diabetic Screening Programme. Reference Section 11.4 Community Ophthalmic Services (Q & F Action 55)
- Deliver basic and advanced Cardiopulmonary Resuscitation (CPR) training (Q & F Action 57)
- Implement actions as agreed in context of ‘Other Borders’ Cross Border Health Strategy for Women in the North West (Q & F Action 68)
• Continue to implement the National Primary Care Strategy in the region including roll out of team and network models and ICT developments (Q & F Action 74)
• Continue the development of the Primary Care Implementation Project Lifford (Q & F Action 76)
• Continue existing and expand GP Out of Hours Services (NOWDOC Services) including arrangements with other Boards in respect of services to communities along health board boundaries (Q & F Action 77)
• Review and develop the existing partnership arrangements between the Board and NOWDOC Limited (GP Out of Hours service) in the region (Q & F Action 77)
• Continue Primary Care Centre Development Programme as per ‘Primary Care and Day Care Facilities Programme 2003–2008’. Primary Care Centre developments will be progressed, subject to availability of the necessary funding, in the following areas: Creeslough (CLAR area), Gweedore, Tarmney (CLAR area), Gintees (CLAR area), Muff (CLAR area), Malin Head (CLAR area), Quigleys Point (CLAR area), Glengad (CLAR area), Letterkenny, Convoy, Castlefin, Cloghan (CLAR area), Ballyshannon, Dromod, Camick on Shannon, Ballinamore, Kinlough, Banada (CLAR area), Coolaney (CLAR area), Ballymote, and Strandhill (Q & F Action 92)
• Continue planned expansion of the region’s GP Vocational Training Schemes (Q & F Action 101)
• Introduce Medical Internship in General Practice in association with Letterkenny General Hospital and Donegal Vocational Training Scheme (Q & F Action 101)
• Support 17 participants on the multi-disciplinary Diploma and Masters in Primary Care Programmes delivered in conjunction with the Department of General Practice National University of Ireland Galway (NUIG) (Q & F Action 104)
• Further develop partnership with the Western Health Board and NUIG, in respect of the NUIG Department of General Practice, in areas of undergraduate education, research programmes and facilities development for the Department. (Q & F Action 104)
ACTIVITY

Targets for the delivery of Primary Care Services in 2004 are as detailed in the tables below.

<table>
<thead>
<tr>
<th>PRIMARY CARE</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Dgl</td>
<td>S/Lm</td>
<td>Total</td>
</tr>
<tr>
<td>GENERAL PRACTITIONER SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of GMS Doctors in the region</td>
<td>118</td>
<td>72</td>
<td>46</td>
<td>114</td>
</tr>
<tr>
<td>Total number of GMS Practitioners in the region</td>
<td>76</td>
<td>41</td>
<td>35</td>
<td>75</td>
</tr>
<tr>
<td>Comments: Number of GMS Doctors during 2003 decreased by 4 due to 1 retirement and 3 resignations. 2004 targets are as per 2003 year end position</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>PRIMARY CARE WOMEN'S HEALTH CLINICS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of GPs providing service</td>
<td>24</td>
<td>15</td>
<td>9</td>
<td>24</td>
</tr>
<tr>
<td>Number of GMS patients in receipt of services</td>
<td>5638</td>
<td>4938</td>
<td>698</td>
<td>3473</td>
</tr>
<tr>
<td>Number of Non GMS patients in receipt of services</td>
<td>2601</td>
<td>1966</td>
<td>635</td>
<td>1731</td>
</tr>
<tr>
<td>No. of Cervical Smears Tests undertaken</td>
<td>2502</td>
<td>1756</td>
<td>746</td>
<td>502</td>
</tr>
<tr>
<td>No. of Counseling Sessions provided</td>
<td>1704</td>
<td>1088</td>
<td>618</td>
<td>290</td>
</tr>
<tr>
<td>No. of Family Planning Sessions provided</td>
<td>2343</td>
<td>2001</td>
<td>342</td>
<td>433</td>
</tr>
<tr>
<td>Comments: 2003 activity targets were based on 2002 out-turn. Activity is below target for the period as it is based on the submission of GP payment claims. Efforts have been made and will continue to be made to ensure more timely submission of claims to reflect actual activity for the period. Activity targets for 2004 are again based on 2002 out-turn.</td>
<td></td>
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<tr>
<td>TRAINING/EDUCATION</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>GP VOCATIONAL TRAINING SCHEME</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Number of GPs trained</td>
<td>12</td>
<td>6</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Comments: 2003 target achieved and 12 is the target figure for new GP trainees to commence Vocational Training Programme in July 2004</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>DIPLOMA AND MASTERS IN PRIMARY CARE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number commencing on Diploma Course</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Number commencing on Masters Course</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Comments: Target in respect of Masters in Primary Care Programme 2003 exceeded in the context of essential primary care capacity building and with the recommendation of five suitable candidates to participate on the Programme. This activity will be reported in Quarter 3 2004 only in line with commencement of academic year Sept 04 - June 05. Target for academic year commencing in Sept 04 may be revised subject to availability of suitable candidates and available funding.</td>
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</tr>
<tr>
<td>CPR TRAINING</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of people trained</td>
<td>1000</td>
<td>500</td>
<td>500</td>
<td>1805</td>
</tr>
<tr>
<td>Comments: During 2003 training was provided in response to demand. To facilitate training in response to this demand increased numbers were accommodated at scheduled training sessions. 2004 target based on 2003 out-turn</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAINING FOR TRAINERS (CPR)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Number of existing trainers in receipt of training updates</td>
<td>35</td>
<td>35</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>Comments: 2004 target is based on all existing trainers attending training updates</td>
<td></td>
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</tbody>
</table>
## PRIMARY CARE TARGET 2003 OUT-TURN 2003 % VARIANCE TARGET 2004

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Dgl</th>
<th>S/Lm</th>
<th>Total</th>
<th>Dgl</th>
<th>S/Lm</th>
<th>Total</th>
<th>Dgl</th>
<th>S/Lm</th>
<th>Total</th>
<th>Dgl</th>
<th>S/Lm</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAL CARDS</strong></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Number of persons</td>
<td>9,850</td>
<td>6,680</td>
<td>3,170</td>
<td>9,791</td>
<td>6,700</td>
<td>3,091</td>
<td>0%</td>
<td>0%</td>
<td>-2%</td>
<td>9,791</td>
<td>6,700</td>
<td>3,091</td>
</tr>
<tr>
<td>covered by a Medical</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Card (at 31st December 2003)</td>
</tr>
<tr>
<td><strong>SCHEMES</strong></td>
<td></td>
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<tr>
<td><strong>MOTHER &amp; INFANT SCHEME</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number in receipt of</td>
<td>3,100</td>
<td>1,900</td>
<td>1,200</td>
<td>3,502</td>
<td>2,293</td>
<td>1,209</td>
<td>+21%</td>
<td>+21%</td>
<td>0%</td>
<td>3,502</td>
<td>2,293</td>
<td>1,209</td>
</tr>
<tr>
<td>Mother &amp; Infant Scheme</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Comments: Target exceeded during 2003 due to increased number of births recorded in Letterkenny General Hospital</td>
</tr>
<tr>
<td><strong>PALLIATIVE CARE</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Number in receipt of</td>
<td>240</td>
<td>148</td>
<td>92</td>
<td>435</td>
<td>262</td>
<td>173</td>
<td>+61%</td>
<td>+77%</td>
<td>+88%</td>
<td>435</td>
<td>262</td>
<td>173</td>
</tr>
<tr>
<td>Palliative Care Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Comments: Target exceeded in 2003 due to increased applications for Palliative Care Services</td>
</tr>
<tr>
<td><strong>LONG TERM ILLNESS SCHEME/DRUGS PAYMENT SCHEME/HIGH TECH SCHEME</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of persons</td>
<td>1,312</td>
<td>1,488</td>
<td>1,637</td>
<td>1,312</td>
<td>1,488</td>
<td>1,637</td>
<td>Needs Led</td>
<td>Needs Led</td>
<td>Needs Led</td>
<td>Needs Led</td>
<td>Needs Led</td>
<td>Needs Led</td>
</tr>
<tr>
<td>covered by the Long</td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Term Illness Scheme (at 31st December 2003)</td>
</tr>
<tr>
<td>covered by the Drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Payment Scheme (at 31st December 2003)</td>
</tr>
<tr>
<td>covered by High Tech</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Scheme (at 31st December 2003)</td>
</tr>
<tr>
<td><strong>OUT OF HOURS GP SERVICE (NoWDOC)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of service user</td>
<td>3,847</td>
<td>3,847</td>
<td>6,000</td>
<td>3,847</td>
<td>3,847</td>
<td>6,000</td>
<td>+2%</td>
<td>+2%</td>
<td>+2%</td>
<td>6,000</td>
<td>4,800</td>
<td>1,200</td>
</tr>
<tr>
<td>contacts.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Comments: Annual target of 46,000 contacts in respect of 2003 revised in September 2003 to 36,647 to reflect revised / later commencement dates for service expansion to South West Donegal and Sligo / Leitrim areas than anticipated when target was set. Number of service user contacts during 2003 therefore slightly exceeded revised target. 2004 target is calculated to reflect anticipated activity associated with expansion of Out of Hours GP service (NoWDOC) in the NWB region and full year service activity in South West Donegal area.</td>
</tr>
<tr>
<td><strong>COMMUNITY PHARMACY SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Pharmacies</td>
<td>67</td>
<td>36</td>
<td>29</td>
<td>71</td>
<td>42</td>
<td>28</td>
<td>+6%</td>
<td>+11%</td>
<td>0%</td>
<td>71</td>
<td>42</td>
<td>28</td>
</tr>
<tr>
<td>in the region with</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Pharmacy Contractor Agreements</td>
</tr>
<tr>
<td><strong>CONSUMER PANELS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of panels</td>
<td>14</td>
<td>7</td>
<td>7</td>
<td>10</td>
<td>4</td>
<td>6</td>
<td>-26%</td>
<td>-43%</td>
<td>-14%</td>
<td>Under review, numbers to be determined in Quarter 1 2004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of meetings</td>
<td>70</td>
<td>28</td>
<td>42</td>
<td>33</td>
<td>10</td>
<td>23</td>
<td>-53%</td>
<td>-64%</td>
<td>-45%</td>
<td>Under review, numbers to be determined in Quarter 1 2004</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: Consumer panel pilot phase completed at the end of 2003. Target for 2004 is currently under review and will be determined in Quarter 1 2004.
PERFORMANCE INDICATORS

The relevant performance indicators from the national suite against which the Board will report in 2004 are PC1-PC5 and include a focus on GMS GP Practice profiles, Primary Immunisation Contracts, Information Communication Technology, Dispensing Doctors and electronic Pharmacy claims, PC8-PC11 which includes a focus on community involvement/needs assessment, Primary Care Teams and Networks and GP Co-operatives and HP5 which includes a focus on health promoting work places.

Specific targets (where possible) in respect of these performance indicators are included in the tables of activity/operational plans.

LETTER OF DETERMINATION

Additional funding has been received in the Letter of Determination in respect of Primary Care Services. The allocation of this funding together with the associated actions has been identified in the table below.

LETTER OF DETERMINATION FUNDING 2004

<table>
<thead>
<tr>
<th>SERVICE OBJECTIVES</th>
<th>ACTIONS TO ACHIEVE OBJECTIVES</th>
<th>L.O.D. FUNDING €M</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Funding is provided on an ongoing basis in respect of the introduction of the Civil Registration Modernisation Programme and subject to agreement of a service development plan with the Ard-Chlaraitheoir</td>
<td>0.069 (ongoing)</td>
</tr>
<tr>
<td>Objective lv) Section 4.3.2</td>
<td>Funding is provided on a once off basis in respect of providing primary health care services to persons who hold a health service card under the Health (Amendment) Act 1996 i.e. Persons with Hepatitis C</td>
<td>0.105 (once off)</td>
</tr>
<tr>
<td></td>
<td>Funding is provided on an ongoing basis in respect of implementation of the Primary Care Strategy and will be used to: Meet revenue costs of the Primary Care Team in Lifford and to support initiatives on multi-disciplinary team working on a more widespread basis</td>
<td>0.110 (ongoing)</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>0.284M</td>
</tr>
</tbody>
</table>

4.3.4 KEY ISSUES FOR THE YEAR AHEAD

Apart from the generic key issues as referred to in the CEO's Statement and Overview (Section 1), specific key issues for Primary Care are as follows:

- Resource allocation for Primary Care Facilities Development Programme 2003 – 2008
- Expansion of contractual arrangements with NoWDOC, including the implementation of the Co-operative model to Sligo/Leitrim area
- Availability of GP manpower.
4.3.5 MONITORING MECHANISMS AND EVALUATION

MONITORING MECHANISMS

Apart from the generic monitoring mechanisms as referred to in the CEO's Statement and Overview (Section 1), specific monitoring mechanisms for Primary Care include:

- Monitoring of Pilot National Performance Management System as part of National Sustaining Progress initiative in the Primary Care Development Unit (Q & F Action 108)

EVALUATION

Formal evaluation planned for 2004 includes:

- Evaluation of the existing Diploma and Masters in Primary Care programmes to include operational support (Q & F Action 104)
- An evaluation of the Board's GP secure e-mail system (Q & F Action 117)
- An evaluation of the Board's GP secure electronic laboratory links system (Q & F Action 117)

4.3.6 RESEARCH, QUALITY AND VALUE FOR MONEY INITIATIVES

RESEARCH

Research proposals include:

- Progress work re access to health and personal social services for lesbian, gay men and bisexuals in the North West of Ireland as part of the Equality Authority Equality in Access to Services Initiatives (Q & F Action 68)

QUALITY

Quality initiatives / actions will include:

- Heartwatch Programme - an allocation of funding under the Cardiovascular Strategy will be made during 2004 in this regard as advised in the Letter of Determination (Q & F Actions 13)
- Commencement / continuation of Digital X-ray services in Dungloe, Killybegs and Camdonagh Community Hospitals and development of proposals for expansion of these services to Ballyshannon and Carrick on Shannon (Q & F Action 55)
- Further development of disease registers and specific 'quality initiative' projects (Q & F Action 68)
- More formalised internal Service Level Agreements in respect of Primary Care services settings and in respect of Cross Programme / Sectors service arrangements (Q & F Action 72)

VALUE FOR MONEY INITIATIVES

Apart from the generic value for money initiatives as referred to in the CEO's Statement and Overview (Section 1), specific Primary Care value for money initiatives will include:

- GP secure e-mail (Q & F Action 117)
- Service level agreements / contracts.
**KEY POINTS OF NOTE / KEY RESULT AREAS 2004**

- Inter-agency working on the broader determinants of health
- Health promotion initiatives
- Cardio-vascular projects
- Primary care strategy system wide roll out
- Primary care implementation project
- Primary care facilities development
- ICT developments
- Out of hours services expansion
- GP vocational training schemes expansion
5. AMBULANCE SERVICE PRE HOSPITAL CARE

5.1 CONTEXT

ROLE AND PURPOSE

The role of the Ambulance Service is to provide, within available resources, a comprehensive range of quality services. The Ambulance Service is an integrated service, which co-operates with other health and non-health care agencies to:

- Achieve high clinical standards and excellence in pre-hospital care settings
- Work for continuous improvement, in terms of efficiency and effectiveness on all aspects of the service

It is also responsible for anticipating and forecasting changes in service delivery and ensures that services are delivered in partnership with all key stakeholders and in accordance with the principles of equity, people-centredness, quality and accountability espoused in the National Health Strategy Quality & Fairness A Health System for You.

NATIONAL AND REGIONAL POLICY FRAMEWORK

The Health Act, 1970 and subsequent amendments provide the statutory framework for the provision of ambulance services.


NEEDS ANALYSIS

In developing a strategy and this service plan, we drew upon national strategies and service reviews both at international, national and local levels. Identifying what is currently ‘Best Practice’ and ‘Best Value’.

5.2 BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

The North Western Health Board provides ambulance services on a regional basis responding to the needs of the population in the following manner:

- Pre hospital emergency care
- Care & transportation of the seriously ill and injured to hospital & between hospitals
- Primary response to emergencies
- Primary response to Dr's Urgent calls
- Routine patient transport within the health care sector

These services are coordinated and provided on a 24-hour, 365 day basis from a single regional control centre based in Ballyshannon and eleven Ambulance Stations geographically positioned throughout the Board's Area. The station locations are:

- Carndonagh
- Letterkenny
- Lifford
- Stranorlar
- Dungloe
- Killybegs
- Donegal Town
- Ballyshannon
- Manorhamilton
- Sligo
- Carrick on Shannon

This plan should be read in conjunction with the CEO’s Overview (Section 1) and Population Health Section (Section 3) of this Service Plan.
5.3 THE YEAR AHEAD

5.3.1. 2003 ACTIONS ONGOING INTO 2004

The following actions planned for 2003 will form part of ongoing work in 2004.

- Full roll out of Computer Aided Dispatch System
- Relocate Control Centre
- Development of I.T. Strategy
- Develop Major Incident Plan
- Upgrading of 2 crew stations to 3 crew stations
- Provide new accommodation for Sligo Base
- Patient Transport Pilot Project (Letterkenny)
- Appoint LEMTs

5.3.2. AIMS AND OBJECTIVES 2004

The core objective of the ambulance service is to provide, within available resources, a comprehensive range of quality services delivering patient and client care effectively and efficiently, in response to identified need and in accordance with the principles of equity, people-centredness, quality and accountability. Our overall objectives for 2004 are:

i) To implement the recommendation of both National and Regional Strategic Reviews (Q&F Action 57)
ii) To provide a quality Ambulance Service with an evaluation dynamic
iii) To enhance the Ambulance Service Facilities/Infrastructure
iv) To develop a training strategy in line with national standards (Q&F Action 103)
v) To develop and maintain emergency planning arrangements (Q&F Action 57)

5.3.3. ACTIONS TO ACHIEVE OBJECTIVES

Actions to achieve these objectives are now set out in the following section:

Objective i) To implement the recommendation of both National and Regional Strategic Reviews (Q&F Action 57)

- Monitor and evaluate the installation of the Computer Aided Dispatch System (Q&F Action 68)
- Plan for the installation of a new telephony switch which will augment the new Computer Aided Dispatch system (Q&F Action 55)
- Develop a human resource strategy for the service (Q&F Action 103)

Objective ii) To provide a quality Ambulance Service with an evaluation dynamic

- Commission and evaluate a needs analysis for Patient transport services (Q&F Action 68)
- Commission and implement the findings of a spatial analysis (Q&F Action 68)
- Explore the feasibility of using First Responders (Q&F Actions 52, 55, 57)
- Improve the quality of service delivery and clinical effectiveness (Q&F Action 57)
- Evaluate clinical audit systems (Q&F Action 68)
- Evaluate current key performance indicators, identify areas for Improvement and take corrective action (Q&F Action 68)
Objective iii) To enhance the Ambulance Service Facilities/infrastructure

- Develop a fully funded vehicle replacement programme (Q&F Action 57)
- Install a fleet management system (Q&F Action 68)
- Develop contracts for purchasing, servicing, maintenance and repair of ambulance vehicles (Q&F Actions 55, 57)
- Develop an estates strategy (Q&F Actions 55, 57)
- Explore the feasibility of upgrading the radio system (Q&F Action 55)

Objective iv) To develop a training strategy in line with national standards (Q&F Action 103)

- Review current training arrangements and make proposals for future development
- Explore the feasibility of a driver training programme for EMT's
- Continue conversion course training for EMT's
- Provide training for Emergency Medical Controllers
- Provide cardiac training for EMT's in line with the Cardiovascular Health Strategy

Objective v) To develop and maintain emergency planning arrangements (Q&F Action 57)

- Review current emergency planning arrangements
- Continue to train EMT's in Major Incident Medical Management Support

5.3.4. KEY ISSUES FOR THE YEAR AHEAD

Apart from the generic key issues as referred to in the CEO's Overview (Section 1) Care Group specific key issues are as follows:

- EMT and EMC Training
- Installation of a fleet management system
- Vehicle replacement programme
- Implementation of Ambulance Service Review

<table>
<thead>
<tr>
<th>AMBULANCE SERVICE ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Category</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>Emergency Calls</td>
</tr>
<tr>
<td>Dr's Urgent</td>
</tr>
<tr>
<td>Non Emergency Journeys</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>

The data above illustrates the activity outturn for 2003 based on projected levels until the end of the year. It can be seen that all ambulance activity has increased on last year with variances ranging from 3% - 5%. Emergency activity has increased due to summer seasonal trends. Dr's Urgent calls have also increased.

AMBULANCE SERVICE - LETTER OF DETERMINATION FUNDING 2004

No additional funding has been provided in the Letter of Determination in respect of Ambulance Service and Pre-Hospital Care.
5.3.5 MONITORING MECHANISMS AND EVALUATION

MONITORING

Apart from the generic monitoring mechanisms as referred to in the CEO's Overview (Section 1), Care Group specific monitoring mechanisms include:

- Activity reports will include analysis of targeted activity by call category, e.g., emergency, comparing planned versus actual activity year to date and also against actual activity for the same period last year.

The relevant performance indicators from the national suite against which the Board will report in 2004 are AM1-AM6 and include a focus on patient report forms, ambulance equipment, staff training, feedback from service users, response times.

EVALUATION

- Performance will be measured on a monthly basis against each ambulance station to assess performance.
- Monthly reporting from the Area Training Officer will be required in relation to training.

5.3.6 RESEARCH, QUALITY AND VFM INITIATIVES

RESEARCH

- In relation to research, it is envisaged that a spatial analysis and needs analysis will commence and report during 2004. It is also intended that the ambulance service will become involved in a project, which commenced in 2003, which will be further progressed in 2004 to implement a Trauma Audit Research Network (TARN).
- The ambulance service will be specifically involved in the investment for EMT-A. This will place management in a position to advise on the numbers of EMT-A’s required against potential investment. The system in itself is a system of continuous trauma audit, the data of which will be returned to Manchester University for peer review, providing valuable benchmarking information.

QUALITY

- It is envisaged that the ambulance service in conjunction with the general hospitals will review the practice for discharging and transfer of patients from hospital to home or another hospital.
- Changes have been made to the tendering process for private operators to include health & safety measures for patients.
- The extensive training plan developed by the service will ensure that patients are receiving quality care to the highest clinical standards.

VFM INITIATIVES

Apart from the generic VFM initiatives as referred to in the CEO's Overview (Section 1), Care Group specific VFM initiatives includes the following:

- Procurement arrangements will be reviewed in line with the National Procurement Strategy in particular fleet maintenance and private hire.

<table>
<thead>
<tr>
<th>KEY POINTS OF NOTE / KEY RESULT AREAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Installation of CAD System</td>
</tr>
<tr>
<td>Recruitment of Additional EMTs</td>
</tr>
<tr>
<td>Upskilling of Staff</td>
</tr>
<tr>
<td>Management of Budget</td>
</tr>
<tr>
<td>Completion / implementation of Ambulance Service Review</td>
</tr>
</tbody>
</table>
6. MENTAL HEALTH

6.1 CONTEXT

ROLE AND PURPOSE
The Mental Health Service is dedicated to providing, by making best use of available resources, a comprehensive range of inpatient, outpatient and community based services in response to the identified needs of our population, and in accordance with best modern standards of care.

NATIONAL AND REGIONAL POLICY FRAMEWORK
The policy and legislative framework guiding the provision of mental health services includes:

- Mental Treatment Act 1945
- Mental Health Act 2001
- National Health Strategy 'Quality and Fairness'
- "Into The Millennium And Beyond" A Strategy For Mental Health In The North West
- Report of the National Task Force On Suicide 1998
- Primary Care Strategy and
- Guidelines and Good Practice on Quality Assurance in Mental Health Services

The Government established the Mental Health Commission (MHC), an Independent body under the Mental Health Act 2001 to promote high standards and good practices in the delivery of Mental Health Services. The MHC will take over the role of the Inspector of Mental Hospitals and oversee the establishment of tribunals to review all decisions to detain patients involuntarily. The tribunals are expected to commence operation during 2004.

NEEDS ANALYSIS
In 2003 the NWHB commissioned the Sainsbury Centre for Mental Health (SCM H), a registered charity working to improve the quality of life for people with mental health problems, to undertake a thorough review of the effectiveness of the existing adult mental health service in the region and to propose a best practice model of future service delivery. The draft report was received in December 2003. Relevant stakeholders including staff, primary care providers and service users themselves have been requested to comment on the proposals. The final report will be presented at a Board meeting in early 2004 and if adopted will require revision of the operational plan to provide for implementation of the report's recommendations.

INCIDENCE OF MENTAL HEALTH PROBLEMS

- More than 20% of adults at any one time suffer from mental health problems
- 40% of General Practitioner consultations involve mental health problems
- People in lower socio-economic groups have a higher rate of mental illness
- Depression affects 50% of women and 25% of men at some period in their lives. Unemployed people are twice as likely to suffer from depression as those in work
- Suicide is the highest cause of death in young men 15 – 34
- Schizophrenia – 1% of the population may experience schizophrenia in their lifetime
- Bipolar Affective Disorder (manic depression) affects up to 1% of adults

Alcohol abuse is a significant factor in mental and physical health. Irish people are among the highest consumers of alcohol in Europe; consumption per capita has increased from 7.6 litres of pure alcohol in 1989 to 11.1 litres in 2000. 18% of admissions to psychiatric hospitals in 2001 were diagnosed as alcoholic disorders, and alcohol consumption is linked to suicide and para-suicide.

Additional information on the health status of the population in the Board's area can be found in Section 3 of the Service Plan.

This plan should be read in conjunction with the CEO’s Overview (Section 1) and Population Health Section (Section 3) of this Service Plan.
6.2 BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

- Acute psychiatric in-patient units in Letterkenny and Sligo
- Regional Special Care Unit, Sligo
- Supervised residential accommodation in 12 units throughout the region
- Support to service users living in the Board's group homes
- Day hospital services in Letterkenny and Sligo
- Day centres for service users at 12 locations
- Community-based services to people in their own homes and at primary care centres
- Therapies including family therapy, cognitive behaviour therapy, occupational therapy
- Addiction counselling
- Psychiatric services to older people including those with dementia
- Suicide prevention
- Mental health promotion
- Support to voluntary groups with a mental health remit
- Rehabilitation services including social, living and employment skills development

ACHIEVEMENTS 2003

- Pilot "Stepdown" project in Letterkenny, (16 week rehabilitation programme for people ready to leave acute care but not yet ready to return to home)
- Bases for Old Age Psychiatry established in each sector in Donegal
- As part of the European Year for People with Disabilities a Festival of Rights - a joint initiative between Create-a-Link Studio, which is attached to Worklink NW, Grow, service providers, artists, youth, and the wider community.
- Sligo/Leitrim Mental Health Services - full accreditation for their psychiatry training programme from the Royal College of Psychiatrists.
- Draft Mental Health Promotion Strategy
- Establishment of Regional Task Force on Alcohol

6.3 THE YEAR AHEAD

6.3.2. 2003 ACTIONS ONGOING INTO 2004

- Develop "Worklink" employment programme in Sligo - will be done in 2004
- Transfer clients remaining in St Conor's Hospital Letterkenny to appropriate services in community facilities
- Refurbish residential units in Letterkenny and Manorhamilton
- Progress the plans for a new acute unit in Sligo and for refurbishment of the acute unit in Letterkenny to planning permission and tender document stage

The above were held to await the result of the mental health service review. The plans will be reconsidered in light of the review and amended if appropriate.
6.3.3. AIMS AND OBJECTIVES 2004

i) Provide a comprehensive, appropriate service within available resources to treat, rehabilitate, and support people with a mental illness or addiction (Q&F, Action 53)

ii) Facilitate compliance with the legislative requirements, including implementation of the Mental Health Act 2001 (Q&F, Action 25)

iii) Provide for increased user involvement in service planning and delivery (Q&F, Action 52)

iv) Improve the use and availability of information technology

v) Implement recommendations of the National Task Force on Suicide (Q&F, Action 25)

vi) Support the work of the Regional Task Force on Alcohol (Q&F, Action 5)

vii) Support the work of the Regional Drug Task Force

viii) Implement the Mental Health Promotion Strategy

6.3.4. ACTIONS TO ACHIEVE OBJECTIVES

Objective i) Provide a comprehensive, appropriate service within available resources to treat, rehabilitate and support people with a mental illness or addiction (Q&F, Action 53)

- Develop and implement an action plan arising from the review of mental health service delivery, subject to adoption by the Board
- Perform a multi-disciplinary case review for all long stay service users resident in Board facilities to determine the appropriate care and setting for their needs, and provide for them accordingly
- Develop consultant led rehabilitation service for Sligo/Leitrim
- Support and extend the ‘Stepdown’ programme, which aims to facilitate successful rehabilitation of patients on discharge from the acute service
- Extend the Worklink employment skills programme
- Provide an acceptable new location for the Day Centre in Letterkenny
- Develop an Old Age Psychiatry base in Sligo
- Appoint a Senior Psychologist to the Donegal Mental Health Service
- Develop service interface protocols between the adult mental health service and Learning Disabilities
- Appointment of Senior Registrar to Donegal Mental Health Service and seek approval for a similar post in Sligo / Leitrim Mental Health Service

Objective ii) Facilitate compliance with the legislative requirements, including implementation of the Mental Health Act 2001 (Q&F, Action 25)

- Provide training for staff on the legislative requirements for the service
- Facilitate establishment of new tribunals to review involuntary detentions, including provision of administrative and infrastructural support
- Monitor and publish data on rate of involuntary admissions, including the audit of involuntary admissions currently being undertaken by the Mental Health Commission and the Health Research Board

Objective iii) Provide for increased user involvement in service planning and delivery (Q&F, Action 52)

- Establish at least two consumer panels for mental health service users
- Develop sources of information for service users and the public on services available and patient/service user rights
- Promote the development of service user advocacy services in the region
Financial Statement and Service Plan 2004

Mental Health

• Provide for significant service user involvement in implementation of the mental health service review action plan

Objective iv) Improve the use and availability of information technology (Q & F, Action 117)

• Extend access to the Hospital Information System (HIS) into the acute psychiatric units in Sligo and Letterkenny
• Develop proposals to extend Public Health Nurse mobile computing service to Community Psychiatric Nursing in consultation with the Health Research Board

Objective v) Implement recommendations of National Task Force on Suicide (Q&F, Action 25)

• Appoint a new regional suicide steering group with broader membership
• Increase support to families bereaved by suicide
• Implement guidelines to be published in 2004 in relation to auditing of suicides of persons in the care of the Board
• Training in suicide awareness and risk management will be provided to staff in mental health and other services
• Appoint psychiatric liaison nurses to A&E in each General Hospital to follow up on para-suicide incidents

Objective vi) Support the work of the Regional Task Force on Alcohol (Q&F, Action 5)

• Develop proposals for a pilot nurse-led community detox programme

Objective vii) Support the work of the Regional Drug Task Force (Q & F, Action 22)

• Develop plan for the provision of a comprehensive and locally accessible range of treatments for drug misusers

Objective viii) Implement the Mental Health Promotion Strategy (Q & F, Action 5)

• Complete and publish the Mental Health Promotion Strategy
• Develop an action plan to implement and monitor the Strategy
• Provide Mental Health awareness days in at least 2 schools

6.3.5 KEY ISSUES FOR THE YEAR AHEAD

Apart from the generic key issues as referred to in the CEO’s Overview (Section 1), Care Group specific key issues includes the following:-

The Board is embarking on a wide-ranging review of the delivery and orientation of mental health services, which will require significant development of community and home-based services. This is in line with modern best practice, which seeks to mitigate the need for acute treatment by reducing the incidence of crisis situations for clients through an emphasis on early diagnosis and intervention and holistic, multi-disciplinary care. Although the Board has long recognised the validity of this model, and has made progress towards implementing it, what is now envisaged is a reconfiguration of resources to achieve it more completely over a number of years. This initiative has implications for training and deployment of staff, and for utilisation of facilities including acute and residential units. It will call for skilled project management and communication, extensive consultation and collaboration with staff and service users, and sustained high-level commitment, in order to achieve the benefits for clients within a reasonable time.

The Mental Health Act 2001 is being implemented in stages. It is expected that tribunals to review all cases of involuntary detention will be commenced during the year. The local tribunals will require administrative support and accommodation from the Board.
Financial Statement and Service Plan 2004

6.3.6 MONITORING AND EVALUATION

The generic corporate monitoring as outlined by the CEO in Section 1 of the Service plan will be adhered to.

The relevant performance indicators from the national suite against which the Board will report in 2004 are MH1-MH11 and include a focus on:

- Suicide and para-suicide incidence,
- Community residential places,
- Attendance at day centres, day hospitals and out-patient clinics
- Admissions/attendances related to alcohol
- Acute in-patient unit admissions, occupancy etc
- Consumer involvement

6.3.7 RESEARCH, QUALITY AND VALUE FOR MONEY INITIATIVES

RESEARCH

- An audit of involuntary admissions is currently being undertaken in conjunction with the Mental Health Commission and the Health Research Board. The results of this research will be published and will inform guidelines and practice regarding involuntary admissions in the care of the Board.
- The NWHB has been selected as a site for a national survey of users' experience of mental health services commissioned by the MHC.
- The North Western Health Board will participate in a national A&E alcohol injuries surveillance study in partnership with the Department of Health and Children. The results will inform the activity of the North West alcohol forum.
- An audit of alcohol detoxification in Primary Care and Acute Hospitals will be undertaken.
- The mental health service will undertake a joint research programme examining stress, depression and associated risk factors amongst carers of older people.

QUALITY

- An operational plan for implementing Essence of Care nursing practice will be devised by Directors of Nursing and Nurse Practice Development Unit.
- Implementation of the mental health review changes will require ongoing monitoring of their impact on the quality and effectiveness of services provided.

VALUE FOR MONEY

- The review of mental health services to be undertaken by the Board will involve redeployment of existing resources to deliver improved services.
- We will consider options to develop elements of service provision through cooperation with the voluntary sector.
- Sickness absence will be monitored and appropriate action taken to minimise the rate of absence.
- Rosters and staffing policies will be reviewed to ensure the optimum deployment of staff and skill mix.

MENTAL HEALTH SERVICE - LETTER OF DETERMINATION FUNDING 2004

<table>
<thead>
<tr>
<th>SERVICE OBJECTIVES</th>
<th>ACTIONS TO ACHIEVE OBJECTIVES</th>
<th>LOD FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective iii) 6.3.4</td>
<td>Provide start-up grant to STEER Ireland</td>
<td>€0.050m</td>
</tr>
</tbody>
</table>

<p>| TOTAL | | €0.050m |</p>
<table>
<thead>
<tr>
<th>KEY POINTS OF NOTE / KEY RESULT AREAS 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Phased Implementation of Mental Health Service Review Recommendations</td>
</tr>
<tr>
<td>• Continue engagement with Mental Health Commission</td>
</tr>
<tr>
<td>• Develop Worklink in Sligo</td>
</tr>
<tr>
<td>• Continued Decanting from St Conals Hospital campus</td>
</tr>
<tr>
<td>• Establish post of Consultant Psychiatrist with a SI in Rehabilitation</td>
</tr>
<tr>
<td>• Review of Involuntary Admissions in conjunction with Mental Health Commission</td>
</tr>
</tbody>
</table>
7. OLDER PEOPLE

7.1 CONTEXT

ROLE AND PURPOSE

Older People have particular and individual health and social care needs. Services in the North West region are guided by principles of needs led, person-centred care delivery, known as the CHOICE Programme.

The CHOICE Programme is underpinned by a philosophy of care firmly established on the principles of respect, dignity and choice, is person-centred, holistic and needs driven. The challenge and opportunity is to build a system of care based on the choices of older people, which responds to their lifetime opportunities and needs. The CHOICE Programme has been formally adopted by the Board as policy in relation to Older People.

NATIONAL AND REGIONAL POLICY FRAMEWORK

Service developments are informed and guided by the following National Strategies / Reports:

- Study to Examine the Future Financing of Long Term Care in Ireland (2003)
- Implementing Equality for Older People (2002)
- Primary Care A New Direction (2001)
- Quality and Fairness - A Health System for You (2001)
- The National Health Promotion Strategy 2000-2005
- Cardiovascular Strategy: Building Healthier Hearts (1999)

BOARD STRATEGIES / POLICIES:

- CHOICE Philosophy of Care (2002)
- Into the Millennium and Beyond - A Strategy for Mental Health in the North West (2000)
- NWHB Strategy for Health and Social Gain for Older People (2001)
- Furthering Consumer Involvement (1999)

NEEDS ANALYSIS

During 2002 and 2003 surveys of older people were undertaken in three initial CHOICE implementation areas in Sligo / Leitrim and Donegal respectively, as a means of eliciting older peoples choices and preferences.

In the CHOICE Surveys:
- 92% of older people surveyed described their health as excellent to fair
- 71% positively enjoy life
- 84% feel part of their local community
- 79% owned their own accommodation
- 35% would like adaptations done to their homes
- 35% identified transport as a problem for them personally and
- an overwhelming 98% of older people choose to live at home as they grow older.

This plan should be read in conjunction with the CEO's Statement and Overview (Section 1) and Population Health Section (Section 3) of this Service Plan.
From the findings of the CHOICE Surveys older persons' choices and preferences are:
- to live 'at home' as they grow older
- to remain independent
- to 'avail of' services rather than be 'provided with' services
- for 'individualised' services
- for 'flexible' services.

The focus of the system of care is therefore in the home and the community. It emphasises the continuum of care that spans from home first to home support to home care and when an older person can no longer remain in his / her own home to an environment that closely resembles a home from home.

**Population Profile**

Services are delivered in respect of a population of 29,349 people aged over 65 years in the region, i.e. 13.2% of the region's total population of 222,762 (Census 2002).

The proportion of our population that is older (aged over 65 years) is the highest in the country – 13.2% compared to 11.1% nationally.

A profile of the older people population by county is presented in Table 9.1 below.

<table>
<thead>
<tr>
<th>County</th>
<th>Total Population</th>
<th>Number of Persons aged &gt; 65 Years</th>
<th>Percentage Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donegal</td>
<td>137,383</td>
<td>17,300</td>
<td>12.6%</td>
</tr>
<tr>
<td>Sligo</td>
<td>58,178</td>
<td>7,673</td>
<td>13.1%</td>
</tr>
<tr>
<td>Leitrim</td>
<td>25,615</td>
<td>4,146</td>
<td>16.1%</td>
</tr>
<tr>
<td>West Cavan</td>
<td>1,186</td>
<td>230</td>
<td>19.4%</td>
</tr>
<tr>
<td>TOTAL NWHB</td>
<td>222,562</td>
<td>29,349</td>
<td>13.2%</td>
</tr>
<tr>
<td>Ireland</td>
<td>3,817,203</td>
<td>436,001</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

A total of 1,111 people aged over 75 years are currently in continuing residential care (Community Hospitals / Nursing Units and Private Nursing Homes). This represents 8.1% of the total population (13,578), aged over 75 years in the Board area.

**7.2 Brief Outline of Services Currently Provided**

The continuum of older persons' services are delivered in a range of different settings, in partnership with older people themselves, their carers and families, voluntary and community groups / organisations.

**At Home / In the Community**
- Information services
- Healthy Ageing / Health Promotion services
- Primary Care services
- Prevention services – including Influenza / Pneumococcal vaccination
- Home Support
- Home Subvention
- Carer Support Services
- Day / Social Care (including services provided by Voluntary Organisations)
- Day Hospital services at the Board's Community Nursing Units / Hospitals throughout the region providing the following:
  - Assessment
  - Health Promotion
Financial Statement & Service Plan 2004

Older People

- Continence Promotion
- Carer Support and Respite
- Nursing Care
- Physical Care
- Social Care
- Physiotherapy
- Occupational Therapy

Residential Care

Residential Services are provided via Boarding Out and Private Nursing Home Subvention Schemes. Care is also provided in Community Nursing Units, Community Hospitals and Specialised Dementia Units. The range of services provided includes:

- Assessment
- Rehabilitation
- Convalescence including Short Term Care
- Respite Care
- Palliative Care
- Continuing Residential Care

Residential services are also provided to people aged under 65 years in Community Hospital / Community Nursing Unit settings.

Acute / Secondary Care

Episodes of acute illness are generally managed in the acute hospital setting and services are also provided within Day Services Units, Out Patient and Accident and Emergency Departments.

Achievements 2003

- CHOICE Programme advanced
  - Donegal Survey completed
  - Older people supported to remain in their own homes through individualised packages of care, respite and day care services
- Average of 2,650 older people in receipt of home support services per month with approximately 679,000 hours provided
- 74% uptake rate achieved in respect of Influenza Pneumococcal Vaccination Campaign for at risk groups
- Service Level agreement with the Sisters of Nazareth Sligo formalised and operational
- Director of Services / Care Manager appointed with Coiste Curam Ghaoth Dobhair
- Permanent 2nd Consultant Geriatrician appointed in Co Donegal

The Year Ahead

7.3.1 2003 Actions Ongoing into 2004

- Development of Regional Dementia Strategy / Action Plan (Q & F Action 26)
- Development of Dementia Unit Camdonagh with a view to commencing construction (Q & F Action 26)
- Development of Communication Strategy across the region to raise awareness of CHOICE (Q & F Action 53)
- Initiation and development of Pathways Project in Donegal (Q & F Action 53)
- Relocation of Elderly Mentally Infirm persons to more appropriate community settings (Q & F Action 53)
- Commencement of Elder Abuse Programme (Q & F Action 53)
- Development of Dungloe Community Hospital site through the completion of a development control plan (Q & F Action 55)
7.3.2 AIMS AND OBJECTIVES

The overall provision of services for older people in 2004 will be guided by the following aims and objectives:

i) To promote positive healthy ageing (Q & F Action 5)

ii) To provide person centred, needs led services, which respond to the wishes, and Choice's of Older People (Q & F Action 26/50/52/53/94)

iii) To provide community services within existing level of resources to enable people to remain at home (Q & F Action 53/54)

7.3.3 ACTIONS TO MEET OBJECTIVES

Objective i): To promote positive healthy ageing (Q & F Action 5)

- To support initiatives that support a positive attitude to ageing and older people and awareness of positive ageing with an emphasis on creating supportive environments in health services and physical activity, healthy eating in the community (Q & F Action 5)

Objective ii): To provide person centred, needs led services, which respond to the wishes, and Choices of Older People (Q & F Action 26/50/52/53/94 CHOICE Principles as adopted by NWHB 2002)

As part of the ongoing development / implementation of the CHOICE Programme the following themes have been identified for particular emphasis in 2004:

- Anticipatory Care
- Promoting Health and Social Well being
- Integrated Pathways of Care
- Quality of Life in Community Hospitals.

Actions supporting person centred, needs led services, the ongoing development of the CHOICE Programme and the above themes are presented below. Actions are to:

- Develop NWHB mission statement for Older People incorporating the CHOICE principles to underpin service provision and delivery (Q & F Action 26)
- Develop multi-annual plan for service/system wide CHOICE implementation (Q & F Action 26)

- Anticipatory Care
  - Develop a framework for anticipatory care and life planning for Older People. (Q & F Action 26)

- Promoting Health and Social Well being
  - Develop a comprehensive community led programme to promote health and social well being in the Carndonagh area (Q & F Action 26)
Integrated Pathways of Care

- Implement a protocol based admission and discharge policy in partnership with service users, acute and community services guided by the recommendations of the adopted HeBE Discharge Planning Group Report (Q & F Action 26)
- Develop the Pathways Projects in both Sligo and Letterkenny General Hospitals to implement improvements in service planning and delivery (Q & F Action 26)
- Pioneer an integrated service model in partnership with service providers, the local community and Coiste Curam Gaoladh Dobhair in the Gweedore area (Q & F Action 26)

Quality of Life in Community Hospitals

- Develop a future vision for Community Hospital Services in the NWHB region (Q & F Action 26)
- Continue implementation of CHOICE principles in Community Hospitals and Nursing Units throughout the region (Q & F Action 26)
- Develop person centred care planning for Community Hospitals (Q & F Action 26)

Other actions are to:

- Continue CHOICE / positive ageing information sessions (Q & F Action 26)
- Support the development of a 'model of person centred care' (Q & F Action 26)
- Incorporate CHOICE principles into nurse education programmes (Q & F Action 26)
- Achieve 75% uptake for influenza / pneumococcal vaccine (Sept 03-Feb 04) (Q & F Action 26)
- Continue to support older people through the Special Housing Aid for the Elderly Scheme (Q & F Action 26)
- Develop and provide Social Day Care Services (Q & F Action 26)
- Develop continence promotion services (Q & F Action 26)
- Develop Regional Winter Plan 2004 / 2005 (Q & F Action 26)
- Produce a Regional Dementia Strategy / Action Plan (Q & F Action 26)
- Deliver information sessions on Dementia to carers (Q & F Action 26)
- Develop an action plan for the future development of appropriate residential services in East Donegal, and in South Donegal (Q & F Action 26)
- Commence construction of Dementia Unit, Camdonagh (Q & F Action 26)
- Commence construction of residential facility on Arranmore in partnership with Comharchumann Ollean Areln Mhor Teo, Social Housing Association (Q & F Action 26)
- Progress Phase 3 development St. Johns Hospital Sligo (Q & F Action 26)
- Prepare detailed Implementation plan for South Leitrim area following consideration and adoption of Report by the Board (Q & F Action 26)
- Support development of community based high support accommodation in Clonmany in partnership with Clonmany Mental Health Association (Q & F Action 26)
- Review options for commissioning Medical Rehabilitation Day Hospital Unit in Letterkenny (Q & F Action 26)
- Commence Residential and Non-Residential services in Gweedore, in partnership with Coiste Curam, Gaoladh Dobhair (Q & F Action 26)
- Explore models of consumer involvement (Q & F Action 50)
- Continue to support the existing Consumer Panels (Q & F Action 52)
- Develop and implement Communications Strategy throughout the region (Q & F Action 53)
- Re-locate Elderly Mentally Infirm Persons in Donegal to more appropriate community settings (Q & F Action 53)

Objective III: To provide community services within existing level of resources to enable people to remain at home (Q & F Action 53/54)

- Continue Home Support, Home Respite/ personalised packages of care and residential services in Private Nursing Homes, within existing level of funding as set out in the tables below (Q & F Action 53)
- Continue the provision of community meals and appoint Catering Officers in the community to support food safety management in health board premises (Q & F Action 54)
- Continue to work in partnership with the Voluntary Housing Associations regionally supporting Older persons' accommodation needs (Q & F Action 54)
- Support the Carers Association (North West region) to provide Personal Development Course aimed at men who are carers in the north west region (Q & F Action 54)

**ACTIVITY**

Targets for the delivery of these services in 2004 are as detailed in the tables below.

<table>
<thead>
<tr>
<th>OLDER PERSONS</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Dgl S/Lm</td>
<td>Total Dgl S/Lm</td>
<td>Total Dgl S/Lm</td>
<td>Total Dgl S/Lm</td>
</tr>
<tr>
<td>HOMES BASED / RELATED SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOME SUPPORT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people in receipt of Home Support (average per month)</td>
<td>2669 1566 1083</td>
<td>2654 1615 1039</td>
<td>0% +2% -4%</td>
<td>2669 1566 1083</td>
</tr>
<tr>
<td>Number of hours of Home Support provided</td>
<td>678744 368048 309296</td>
<td>676034 369773 306298</td>
<td>0% 0% 0%</td>
<td>678034 367738 306296</td>
</tr>
<tr>
<td>Comments: Activity during 2003 was maintained at 2002 service levels made possible by successful cost containment strategies elsewhere in the service. 2004 targets are based on outturn for 2003</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOME RESPITE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people in receipt of Home Respite (average per month)</td>
<td>189 102 87</td>
<td>153 79 74</td>
<td>-18% -22% -15%</td>
<td>153 79 74</td>
</tr>
<tr>
<td>Number of respite hours provided (by Home support Service)</td>
<td>54745 14745 40000</td>
<td>45452 12410 33042</td>
<td>-17% -16% -17%</td>
<td>45452 12410 33042</td>
</tr>
<tr>
<td>Comments: The average number of people in receipt of home respite per month is below target by 26 (18%) however, during 2003 there was a significant increase in residential respite and overall the combined target for average number of people in receipt of residential and home respite exceeds target by 5% (14 people). 2004 targets are based on 2003 outturn</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERSONALISED PACKAGES OF CARE (HOME SUBVENTION (Grant based scheme))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people in receipt of home subvention (average per month)</td>
<td>100 30 70</td>
<td>77 30 47</td>
<td>-18% 0% -18%</td>
<td>100 50 50</td>
</tr>
<tr>
<td>Comments: The number of people in receipt of flexible packages of care is on target in Donegal while in Sligo / Leitrim the out-turn is below target by 18% however services were provided in response to needs. Out-turn reflects an average number of persons in receipt for the overall year. Targets for 2004 are increased in both areas, in Sligo / Leitrim to meet outturn 2003 and in Donegal as part of the increased service response in line with the choices and preferences of older people</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAY SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAY HOSPITAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Day Hospital attendances</td>
<td>75876 39676 37000</td>
<td>74881 38746 38135</td>
<td>-3% -3% -3%</td>
<td>74132 38358 35774</td>
</tr>
<tr>
<td>Comments: 2003 Day hospital attendances are below target by 3%, this is due to change in emphasis to a social model of care and more appropriate attendances at day centres rather than day hospitals. 2004 target reflects anticipated decrease in attendances by 1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAY CENTRES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Day Centres attendances</td>
<td>56100 40100 18000</td>
<td>62079 38900 23179</td>
<td>+7% -3% +29%</td>
<td>68254 44500 23754</td>
</tr>
</tbody>
</table>
### OLDER PERSONS

<table>
<thead>
<tr>
<th>Target 2003</th>
<th>Out-turn 2003</th>
<th>% Variance</th>
<th>Target 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>Dgl</strong></td>
<td><strong>S/Lm</strong></td>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

- **Number of Meals provided (including meals on wheels):**
  - Target 2003: 73606
  - Out-turn 2003: 46053
  - % Variance: +9%
  - Target 2004: 80775

- **Number of attendees availing of Transport Services:**
  - Target 2003: 35758
  - Out-turn 2003: 28245
  - % Variance: +4%

- **Number of attendees availing of Admission Services:**
  - Target 2003: 2212
  - Out-turn 2003: 1502
  - % Variance: +13%

**Comments:** During 2003 the number of attendances were in excess of target by 7% and numbers of meals provided increased accordingly (9%). This reflects the commencement of services in Ballyshannon, increased emphasis on social model of care, and includes activity for Day Centres in Letrim. For meals provided, this is increased based on inclusion of meals provided by the voluntary sector (these not included in 2003 figures).

### PNEUMOCOCCAL/INFLUENZA VACCINE

<table>
<thead>
<tr>
<th>Percentage Uptake</th>
<th>70%</th>
<th>70%</th>
<th>74%</th>
<th>74%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 2003</td>
<td>70%</td>
<td>70%</td>
<td>74%</td>
<td>74%</td>
</tr>
<tr>
<td>Percentage Uptake</td>
<td>70%</td>
<td>70%</td>
<td>74%</td>
<td>74%</td>
</tr>
</tbody>
</table>

**Comments:** In 2003, target exceeded by 4%. 2004 target reflects 2003 achievement.

### RESIDENTIAL SERVICES

#### ADMISSIONS TO COMMUNITY HOSPITALS

- **Assessment:**
  - Target 2003: 3748
  - Out-turn 2003: 1328

**Comments:** Overall admissions to Community Hospitals for the year are in excess of targets by 5%. The main factors were 3% increase in admissions for respite, a 2% increase in Convalescence/Rehab admissions and a 2% reduction in admissions for assessment. Activity is needs led and targets for 2004 reflect 2003 service activity.

#### CONTINUING CARE

**Total number of people over 75 years in Continuing Care:**
- 1150
- 500
- 650
- 1115
- 500
- 615
- 3%
- 0%
- 5%
- 1115
- 500
- 615

**Comments:** The number of Older People >75 years in continuing care is slightly less than the targeted number, this reflects the person centred philosophy of the CHOICE programme in supporting the choices and wishes of Older People to remain in their own homes and communities, primarily achieved through an emphasis on the provision of significant levels of home support and day oriented services, and a range of carer supports. 2004 target is based on number in continuing care at 2003 year end.

### RESIDENTIAL RESPITE

- **Number of people in receipt of Residential Respite (average per month):**
  - Target 2003: 87
  - Out-turn 2003: 62

- **Number of respite days provided (residents):**
  - Target 2003: 14140
  - Out-turn 2003: 11940

**Comments:** During 2003 the number of people in receipt of Residential respite exceeded the target by 57%, this reflects the increased activity reported above in respect of “admissions to respite” in Community Hospitals. 2004 target is based on 2003 service activity.

---

**Note:** The values for specific years and targets are included to illustrate the performance and targets for different services provided within a given year. The data reflects changes in service delivery, patient care, and social model of care practices.
### Older People

<table>
<thead>
<tr>
<th>OLDER PERSONS</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Dgl</td>
<td>S/Lm</td>
<td>Total</td>
</tr>
<tr>
<td><strong>PRIVATE NURSING HOME SUBVENTION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people subvented in Private Nursing Homes (average per month)</td>
<td>458</td>
<td>150**</td>
<td>308*</td>
<td>442</td>
</tr>
</tbody>
</table>

Comments: At the end of 2003 the number of people subvented in Private Nursing Homes in Donegal are on target (figures above are average over the 12 month period). *In Sligo/Leitrim 2003 initial target figure of 308 people subvented in Private Nursing Homes included number of people in receipt of home subvention. **Original Donegal target of 145 revised to 150 to reflect approval of an additional 5 subventions from June 2003. Donegal 2004 target is based on the number of people subvented in Private Nursing Homes at year end 2003 plus the full year impact of the additional 5 subventions approved in 2003, while the Sligo / Leitrim target reflects the 2003 out turn position.

| **CONTRACT BEDS** |             |               |             |             |               |             |             |               |             |
| Number of contract beds in private nursing homes | 195         | 145           | 50          | 186         | 137           | 50          | -5%         | -6%           | 0%          |
| Number of other contract beds | 64          | 44            | 20          |             |               |             |             |               |             |

Comments: 2003 Sligo/Leitrim targets were achieved. 2003 Donegal number of contract beds is slightly below target by 8, as the target incorporated an additional 16 EMI beds and provision included 6 month activity (8 places). 2004 target figure is based on number of contracted beds at 2003 year end. Other contract beds will be provided in respect of EMI Persons, and services to commence / relocate in Clonmany, Gweedore and Sligo.

| **BOARDING OUT SCHEME** |             |               |             |             |               |             |             |               |             |
| Number of people cared for in the Boarding Out Scheme (average per month) | 68          | 27            | 39          | 58          | 24            | 34          | -12%        | -11%          | -13%        |
| Number of people in receipt of home subvention |             |               |             |             |               |             |             |               |             |

Comments: 2003 activity slightly below target because of increased emphasis on home subvention/support, residential respite and the scheme is dependent on availability of suitable placements. Target for 2004 is based on 2003 activity level.

| **ALZHEIMER'S SOCIETY (ACTIVITY FUNDED BY MWB)** |             |               |             |             |               |             |             |               |             |
| Number of persons in receipt of Home Care (average per month) | 38          | 35            | 3           | 32          | 29            | 3           | -15%        | -17%          | 0%          |
| Number of hours provided (average per month) | 1119        | 999           | 120         | 969         | 849           | 120         | -13%        | -15%          | 0%          |

Number of hours provided

Number of people in receipt of home subvention | 22          | 16            | 6           | 35          | 29            | 6           | +59%        | +81%          | 0%          |
| Number of packages of home subvention provided |             |               |             |             |               |             |             |               |             |
| Number of hours provided | 4146        | 4146          | ****        | 12682       | 10033         | 2549        |             |               |             |
| Number of Day Centre attendances | 270         | ****          | 270         | 245         | ****          | 245         | -9%         | -9%           | 889         |

Comments: 2003 activity is in accordance with Service Level Agreement – Sligo/Leitrim 2003 initial target figure for people was incorrectly advised however figure subsequently revised, this is reflected in hours provided. 2004 targets reflect existing service provision in Sligo / Leitrim and Donegal (Donegal activity not previously reported in 2003)
PERFORMANCE INDICATORS

The relevant performance indicators from the national suite against which the Board will report in 2004 are OP1 – OP5 and include a focus on readmission rates to acute hospitals, waiting lists, cataract procedures, influenza vaccine uptake, persons over 75 years in residential continuing care settings and service uptake rates and HP7 with a focus on Community Health Promotion.

Specific targets (where possible) in respect of these performance indicators are included in the tables of activity / operational plans.

LETTER OF DETERMINATION FUNDING 2004

Additional funding has been received in the Letter of Determination and this has been identified in the table below together with the associated actions for this funding.

<table>
<thead>
<tr>
<th>SERVICE OBJECTIVES</th>
<th>ACTIONS TO ACHIEVE OBJECTIVES</th>
<th>L.O.D. FUNDING €M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective i) Section 7.3.2</td>
<td>Health Promotion Community Development Project (Voice for Older People)</td>
<td>0.040 (once off)</td>
</tr>
<tr>
<td></td>
<td>Funding is provided on a once off basis in respect of this Community Development Project to develop the capacity of older people to determine their diverse needs and implement responses in relation to health and quality of life.</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>0.040M</td>
</tr>
<tr>
<td>Objective ii) Section 7.3.2</td>
<td>Nursing Home Subvention Scheme</td>
<td>0.238</td>
</tr>
<tr>
<td></td>
<td>Funding is provided to meet ongoing demands and will be utilised to achieve the levels of service defined in the activity targets table</td>
<td></td>
</tr>
<tr>
<td>Personal Care Packages</td>
<td>Funding is provided to meet ongoing demands and will be utilised to achieve the levels of service defined in the activity targets table</td>
<td>0.125</td>
</tr>
<tr>
<td>Home Help Service</td>
<td>Funding is provided to meet ongoing demands and will be utilised to achieve the levels of service defined in the activity targets table</td>
<td>0.250</td>
</tr>
<tr>
<td>Elder Abuse Programme</td>
<td>Establishment of Elder Abuse Programme in context of Protecting Our Future Report of the Working Group on Elder Abuse</td>
<td>0.075</td>
</tr>
<tr>
<td>Funding is provided to continue the development of the Elder Abuse Programme having regard to any recommendations made by the recently established National Implementation Group on Elder Abuse. The total amount available for this service in 2004 is €0.150m</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>0.688M</td>
</tr>
</tbody>
</table>

7.3.4 KEY ISSUES FOR THE YEAR AHEAD

Apart from the generic key issues as referred to in the CEO's Statement and Overview (Section 1), specific key issues for Older People are as follows:

- Funding home support and subvention services within available resources (which will require particular attention given the increasing demands/expectations for services)
- Funding approval for capital developments

65
• Sourcing funding for Medical Rehabilitation Day Hospital Services Letterkenny.

7.3.5 MONITORING MECHANISMS AND EVALUATION

MONITORING MECHANISMS

Apart from the generic monitoring mechanisms as referred to in the CEO's Statement and Overview (Section 1), specific monitoring mechanisms for Older People are as follows:
• Weekly monitoring of stock control within each unit
• Monitoring Waiting Lists and waiting times.

EVALUATION

The following evaluation will be undertaken:
• Evaluation of the Carers clinics (Easkey and Milford) and review of needs identified, in conjunction with the Public Health Department (Q & F Action 58)

7.3.6 RESEARCH, QUALITY AND VALUE FOR MONEY INITIATIVES

RESEARCH

Research proposals include:
• Ascertaining the levels of carer strain / depression and identification of risk factors amongst older people with mental health problems in Sligo / Leitrim (Q & F Action 63)
• Continuing to undertake 'Mapping of Meals' research project to provide baseline information on the meals service (Q & F Action 63)

QUALITY

Quality initiatives / actions will include:
• Implementation of good practice continence care tool (Q & F Action 63)
• Exploration of potential accreditation programme in respect of residential care services for Older People (Q & F Action 63)
• Implementation of the 'Essence of Care' framework in Community Hospitals (Q & F Action 63)
• Piloting interdisciplinary pre discharge planning protocol (Q & F Action 63)
• Continuing to develop Risk Management Policy in Community Hospitals / Nursing Units regionally (Q & F Action 63)
• Selection and Implementation of Falls Risk Assessment Tool (Q & F Action 63)
• Development of Single Assessment Process (Q & F Action 63)
• Regional review of existing inspection processes for residential services and development of improved policies, procedures and protocols (Q & F Action 63)
• Implementation of the system and infrastructural recommendations of HACCP report within Minor Capital funding allocation for 2004 (Q & F Action 63)
• Design and commence implementation of home support training (Q & F Action 63)
• Undertake training needs analysis of all Nursing staff (Q & F Action 63)
• Finalisation of specification for 'home like' accommodation in residential settings and implement action in accordance with CHOICE Principles (Q & F Action 68)

VALUE FOR MONEY INITIATIVES

Apart from the generic value for money initiatives as referred to in the CEO's Statement and Overview (Section 1), specific value for money initiatives for Older People are as follows:
• Adherence to Corporate Procurement policy
• Cost limited Service level agreements / contracts with Voluntary Organisations, Private Nursing Homes and other Board services
• Stock control measures within Community Hospitals
- Standardising accounting procedures in all residential units in respect of charging mechanisms and personal private money in line with relevant regulations and available resources.

KEY POINTS OF NOTE / KEY RESULT AREAS 2004

- Further roll out of CHOICE Programme
- Provision of comprehensive home support, personalised packages of care and nursing home subvention services within funded levels
- Partnership with Voluntary Organisations (especially significant projects in Gweedore, Arranmore, Clonmany, Ballinamore and Carrick on Shannon)
- Rehabilitation Services development at St. John's Hospital
- Commence construction of Dementia Unit, Camdonagh
- Single Assessment Process
- Dementia Strategy / Action Plan development
- Maintain focus on quality initiatives
8. CHILDREN

8.1 CONTEXT

ROLE AND PURPOSE
The overall aim and purpose of Children’s Services in the North West is to promote and protect the health and well-being of children to enable them to realise their potential, through the commissioning and provision of responsive services based on best practice, delivered in partnership with the Children themselves, their families, carers, and local communities.

The services provided include Child Health Screening, Family Support and Preventative Services, Child Protection and Treatment Services for children who are at risk of abuse and neglect and Alternative Care Services for children who are cared for out of their birth home.

The purpose of this Service Plan is to describe a number of service objectives for 2004 which have been agreed and prioritised, in order to improve the health, well being and safety of Children and Young People in the Board’s area.

The North West Children & Young People’s Committee (NWC&YPC) is the primary vehicle for the planning, prioritisation and review of integrated services to children and their families.

The Service Plan for 2004 has been informed by the work emerging from the various Working Groups developed under the auspices of the NWC&YPC and the strategic work of the NWC&YPC itself. The NWC&YPC, in its present role, aims to address the following:

- Develop new models of practice
- Share information and knowledge
- Reconfigure resources and enable skill mix
- Reduce duplication
- Advocate and lobby
- Identify risks and gaps
- Plan deployment of resources
- Create capacity through inter agency collaboration

This Service Plan will be implemented with and through a variety of stakeholders e.g. the County Childcare Committees, the Child Care Advisory Committee, the County Councils, the Voluntary & Community Sector, the Partnership Boards, the Departments of Education and Social & Family Affairs etc. linking together mutual priorities of parenting and family support.

CHILDREN’S SERVICE PLANNING IN THE NORTH WEST

The Children’s Service Plan 2004, in the North West, aims to ensure that services are centred on Children and Young People, that they are sensitive to parents and carers, concentrated on need and underpinned by explicit standards of quality. The North West Children’s and Young People’s Committee provides the infrastructure for delivering on this vision through embarking on what is essentially a significant developmental process.

NATIONAL AND REGIONAL POLICY FRAMEWORK

Children's Services are developed in the context of the following:
- Primary Care Strategy (2001)
- Best Health For Children (1999)
- Get Connected (2001)
- The Child Care Act (1991)
- The Children Act (2001)
- The Domestic Violence Act (1996)
- Adoption Act (1952 – 1998)
- National Standards in Residential Care (2001)
- Regulations For Placements Of Children In Residential Care (1996)
- Regulations For Placements Of Children In Foster Care (1996)

This plan should be read in conjunction with the CEO’s Overview (Section 1) and Population Health Section (Section 3) of this Service Plan.
From analysis of the strategic context and assessment of local needs within the Board area, Children's Services through the work of the NWC&YPC have developed the following three core strategic priorities for 2004:

- **Children, Families & Communities will be supported to achieve optimal physical, mental & emotional well-being**
  Develop and provide a continuum of Family Support Services from universal to targeted in partnership with families and their communities

- **Children will have a voice**
  Ensure that there is a culture that promotes the voice of Children and Young People and structures in place to ensure that it happens, giving due regard to their voices in service shaping and development

- **Information on how, where and why we do our business will be available to staff, children, parents and communities**
  Develop an effective information strategy for staff, children and families

**NEEDS ANALYSIS**

A range of universal health and social services are provided by the NWHB to the general population of children and young people in the Board's area. These aim to increase the capacity of all families in their effort to support children and young people in achieving their full potential in terms of physical, emotional and social well-being. Additionally, a range of targeted and specialist services are available to those children, young people and their families who are deemed to be in need or vulnerable for a variety of reasons and therefore require additional support.

**ALL CHILDREN AND YOUNG PEOPLE IN THE NORTH WEST**

As per the 2002 census data, 222,762 people live in the NWHB region with approximately 65,224 (29%) of this population being made up of Children and Young People. This shows a decrease of 3,431 Children (32%) from the 1996 census data, the decrease in the NWHB region is in line with national birth trends.

<table>
<thead>
<tr>
<th>Area</th>
<th>No. Of People</th>
<th>% Of Total</th>
<th>No. Of Children &amp; Young People</th>
<th>% Of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donegal</td>
<td>137,575</td>
<td>62%</td>
<td>41,749</td>
<td>64%</td>
</tr>
<tr>
<td>Sligo</td>
<td>58,200</td>
<td>26%</td>
<td>16,054</td>
<td>25%</td>
</tr>
<tr>
<td>Leitrim</td>
<td>25,799</td>
<td>12%</td>
<td>7,107</td>
<td>11%</td>
</tr>
<tr>
<td>West Cavan</td>
<td>1,188</td>
<td>0.5%</td>
<td>314</td>
<td>0.48%</td>
</tr>
<tr>
<td>NWHB</td>
<td>222,762</td>
<td>100%</td>
<td>65,224</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Figure 1: NWHB Population Breakdown**

Universal services to all children include childhood immunisation programmes, child health surveillance programmes, parenting and family support programmes e.g. Lifestart. Additionally, a range of health and social services are targeted to Children, Young People and Families who are vulnerable or who are in need for a variety of reasons as illustrated in Figure 2 below.
TARGETED GROUPS OF CHILDREN AND YOUNG PEOPLE IN THE NORTH WEST

There are various groups of Children and Young People in the North West who require a range of targeted and specialist services for a variety of reasons. Some of these groups include:

CHILDREN WHO ARE VULNERABLE

Vulnerability in children is difficult to measure. One method is to examine the deprivation indices, another measure of relative deprivation is entitlement to General Medical Services (GMS). The NWHB has the highest rate of GMS entitlement in Ireland, with approximately 16,938 children (25% of its children) having medical card eligibility.

CHILDREN WITH CHRONIC ILLNESS

It is difficult to achieve accurate data concerning Children with acute / chronic illnesses highlighting a need to conduct a needs assessment for this group of children.

CHILDREN WITH A DISABILITY

There are 977 (537 with a Learning Disability and 440 with a Physical & Sensory Disability) Children under 18 years with a Disability in the NWHB according to information contained in the National Intellectual Disability Database and the National Physical & Sensory Disability Database.
CHILDREN IN NEED OF PROTECTION

The North Western Health Board is committed to the view that effective prevention, detection and treatment of child abuse requires a co-ordinated multi-disciplinary and inter-agency approach with clearly defined roles and responsibilities for all parties involved.

As part of this commitment, the NWHB continues to give a high priority to taking the necessary appropriate action to protect children. At the 31st December 2003, the Social Work Department in the NWHB had received a total of 1,217 reports.

CHILDREN IN CARE (FOSTERING & RESIDENTIAL)

The reception of children into care continues to be a major area of responsibility for the Board’s Services. At 31st December 2003 there were 208 children in care in the NWHB as categorised in Figure 3 below.

![Figure 3: Number Of Children In Care at 31st December 2003 By Type Of Care](image)

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Donegal</th>
<th>Sligo</th>
<th>Regional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>94</td>
<td>85</td>
<td>179</td>
</tr>
<tr>
<td>Pre-Adoptive</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Residential Care</td>
<td>16</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>At Home Under</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Figure 3: Number Of Children In Care at 31st December 2003 By Type Of Care

YOUNG PEOPLE IN AFTERCARE

Young People in or about to enter Aftercare have become an area of acute focus within the NWHB. During 2003, implementation of the NWHB Youth Homelessness & Aftercare Strategy continued. As part of the associated Action Plan, a review of children, aged 13-17 years was carried out in order to build an appropriate profile of children in Aftercare and of those about to enter Aftercare. The review covered a number of areas including personal details, residential home / foster carer details, placement details, educational background and special needs.

8.2. BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

The following is a list of the Child Health, Family Support and Child Care Services provided to Children, Young People, families and communities in the NWHB:
CHILD HEALTH

- Antenatal education
- Breastfeeding support
- Home visiting and family support
- Child health surveillance and screening
- Immunisations
- Care for acutely and chronically ill children
- Early intervention and multidisciplinary service provision for children with special needs
- Preventative and therapeutic dental and orthodontic services
- School Health Services
- Health Education and promotion programme for children and their carers in the home, pre-school and school environments

CHILD & ADULT MENTAL HEALTH SERVICES

- Multi-disciplinary Mental Health Support Services
- Clinical assessment and treatment services
- Family Therapy and Group Therapy
- Community Playgroups
- Parent and Toddler Groups
- After School Groups
- Preschool Inspections
- Parenting Programmes
- Fathers Programmes
- Community Development Programme
- Counselling Services
- Lifestart Programmes
- Neighbourhood Youth Projects

ALTERNATIVE CARE

- Adoption Services
- Foster Care Services
- Residential Care Services including residential child care homes

CHILD WITH DISABILITIES

- Multi-disciplinary assessment and Early Intervention Services
- Autism Support Services
- Home Support Service

ADOLESCENT HEALTH

- Care for acutely and chronically ill adolescents
- Multidisciplinary service provision for young people with special needs
- Preventative and therapeutic dental and orthodontic services
- Health education and promotion programmes in and outside educational settings
- Preventative and therapeutic mental health services
- Youth and early school leavers

PARENT & FAMILY SUPPORT

- Springboard Projects
- Generic Social Work Services
- Family Group Conferencing Service
- Youth Liaison Service
- Kickstart Programme
- Extern Programmes
- Home Youth Liaison Programme
- Partnership Care West Programme
- Child Protection
- Social Work Teams including Child Protection and Family & Child Care teams
- Abuse Treatment Services
- Therapeutic Services

VULNERABLE YOUNG PEOPLE (YOUTH HOMELESSNESS & AFTERCARE SERVICE)

- Aftercare Social Work Services
- Health Café
- Packages of support for Children in aftercare
8.3 THE YEAR AHEAD

8.3.1 2003 ACTIONS ONGOING INTO 2004

- Further implementation of the 7-9 months development assessment standard which is dependant on delivery of the Best Health For Children (BHFC), National Training Plan
- The regional School Health and G.P. Child Health Projects were delayed due to recruitment problems and delays created by the Public Health Doctor's strike
- Clinical accommodation for professional staff highlighted for base and satellite locations throughout the region
- Research on the needs and provision of integrated Community/Hospital services for Children with Chronic Illness. This development was curtailed because of resource constraints
- Mapping of Family Support Services was not completed in 2003, due to resource difficulties. Work began in 2003 in feeding into the development of a National Family Support Strategy
- Continuation of the implementation and monitoring of the National Foster Care Standards will be as per resources provided
- Implementation of the recommendations of the Report ‘Optimising Children’s Residential Care within the continuum of care provision in the North West’ needs to continue in 2004
- Establishment of supported accommodation for young parents in Tonnaphubblie, Sligo

8.3.2 AIMS AND OBJECTIVES

The aims and objectives that will guide the overall provision of Children’s Services during 2004 are set out below as a high level overview. Full details are available in the Children’s Services Operational Plan.

I. To improve the health and well-being of children through the provision of comprehensive, early intervention and multi-disciplinary services (Q & F Actions 9 &14)
ii. To promote the health of children in the areas of accident prevention, healthy eating and physical exercise (Q & F Actions 5, 8, 10)

iii. To implement a revised programme of hearing, vision and developmental screening of children in accordance with Best Health For Children (BHFC) recommendations (Q & F Action 14)

iv. To achieve best possible protection against infectious diseases covered in the primary vaccination schedule and through vaccination with the MMR 2 and 4:1 immunisations (Q & F Actions 14, 117)

v. To develop and implement a sexual health strategy for young people (Q & F Action 18)

vi. To promote positive parenting programmes and further develop Family Support Services (Q & F Action 27)

vii. To promote positive mental health and further develop mental health services for children & young people (Q & F Actions 8, 14, 46)

viii. To deliver child protection and family support services that will actively and equitably respond to, support and strengthen children and families to improve their physical, mental and emotional well-being (Q & F Action 27)

ix. To reduce the level of sexual victimisation of young people in society. COSC Service: Sexual Offenders Programme (Q & F Action 45)

x. Review waiting-list management in the North-West National Counselling Service in line with recommendations of the Survivors' Experiences of The National Counselling Service (SENCs) Report

xi. To ensure that parents of children who are adopted domestically or from overseas are supported to improve the physical mental and emotional well-being of children

xii. To support young people, carers and social work staff in the delivery of quality fostering services on behalf of the Health Board and in keeping with the National Standards for Foster Care

xiii. To re-configure and define the nature of regional residential childcare provision to match the needs of Young People

xiv. To develop integrated models of service provision to care leavers and young homeless that are responsive, flexible and capable of meeting their assessed needs (Q & F Actions 21, 44)

xv. To establish a model of young people's participation in Service Planning which will promote their real involvement in decision making in the planning and development of services (Q & F Actions 50, 52)

xvi. To develop the work of the North West Children & Young People's Committee to ensure that services for children, young people and families in the North-West are developed in a planned inter-agency way to optimise the choices and life chances of every child in the community (Q & F Actions 52, 70)

8.3.3 ACTIONS TO MEET OBJECTIVES

Objective I): To improve the health and well-being of Children through the provision of comprehensive early intervention and multi-disciplinary services (Q & F Actions 9, 14)

- To support and implement antenatal and breastfeeding programmes
- To reduce waiting times to three months for provision of therapeutic early intervention and multi-disciplinary assessment services to children

Objective II): To promote the health of Children in the areas of accident prevention, healthy eating and physical exercise (Q & F Actions 5, 8, 10)

- To consolidate partnership with Donegal Lifestart through supporting and developing the delivery of a CAP programme to parents of pre-school children
- To identify, recruit and support 20 new schools and encourage children to participate in the introduction of healthy eating guidelines
To pilot the 'Class Moves' programme in five primary schools and organise a Train the Trainers workshop and identify and recruit the five primary schools and provide training for staff in the model.

To develop a model for piloting the Walking Bus programme.

To support, monitor and evaluate the Buntus Start Programme in 11 pre-schools.

To sustain and develop the Ag Sugradh Le Cheile Programme.

Objective iii): To implement a revised programme of hearing, vision and developmental screening of children in accordance with Best Health For Children (BHFC) recommendations (Q & F Action 14)

- To implement a practice standard for the 7 to 9 months assessment of infants.
- To develop, deliver and evaluate a regional BHFC Training Plan incorporating referral criteria and pathways.
- To commence introduction of Parent Held Child Health Record (PHCHR) through the regional BHFC Training Plan as means for documentation and data collection for revised child health screening and surveillance programme.
- To improve school health service delivery through implementation of evidence based recommendations and best practice standards.
- To quality assure existing service provision under the Mother and Infant Scheme (MIS) for examination of infants aged 6 to 8 weeks by General Practitioners in line with BHFC recommendations and best practice.

Objective iv): To achieve best possible protection against infectious diseases covered in the primary vaccination schedule and through vaccination with the MMR 2 and 4:1 Immunisations (Q & F Actions 14, 117)

- To continue ongoing liaison with Practice Nurses and G.Ps.
- To continue to provide and improve the provision of MMR2 & 4:1 immunisations.
- To target MMR 2 defaulters by issuing flyers to schools.
- To implement the new Primary Childhood IT Immunisation System.

Objective v): To develop and implement a Sexual Health Strategy for Young People (Q & F Action 16)

- To disseminate the draft Sexual Health Strategy for consultation and produce and publish a Sexual Health Strategy and Action Plan.

Objective vi): To promote positive parenting programmes and further develop Family Support Services (Q & F Action 27)

- To identify schools offering Leaving Cert Applied (LCA) courses in the school year 2003 – 2004 and to target the programme to L.C.A. students most at risk of becoming single parents in 10 schools in 2004.
- To extend the current Lifestart programme in Donegal into Letterkenny and two rural areas in Donegal.
- To complete the Family Needs Assessment in Letterkenny on an interagency basis, to develop a plan for service development and to begin implementation in 2004.
- To establish baseline impact indicators, models of good practice and written protocols between all agency Family Support Service providers.

Objective vii): To promote positive mental health and further develop mental health services for children & young people (Q & F Actions 8, 14, 46)

- To provide a two day workshop on positive mental health for co-ordinators of school group conferences.
- To complete the mental health promotion strategy and action plan and support its implementation in the target areas of early years and adolescence.
- To establish a system of support for mental health promotion action.
Financial Statement & Service Plan 2004

Children

- To agree service configuration of the third Consultant led Child & Adolescent Mental Health Team
- To review current service provision in Child & Adolescent Mental Health Service and carry out needs assessment and benchmark against best practice
- To put in place initiatives to reduce waiting times for Child & Adolescent Psychiatric assessment to 3 months

Objective viii): To deliver Child Protection and Family Support Services that will actively and equitably respond to, support and strengthen children and families (Q & F Action 27)

- To undertake a review of Family Support and Family Aid Services and implement recommendations following the review. To develop a framework based on the Hardiker model for the delivery of Family Support Child Protection Services
- To eradicate current waiting list backlog
- To manage intake of new child protection referrals in a current situation
- To re-position the Social Work Teams in Co. Donegal and the new team to best address identified needs
- To establish a responsive and standardised duty intake system
- To develop measures for partnership working with families
- To develop and implement a detailed training plan based on the training needs identified through the Service Plan 2004
- To provide appropriate and effective support arrangements for staff i.e. appropriate accommodation etc

Objective ix): To reduce the level of sexual victimisation of young people in society (COSC Service: Sexual Offenders Programme) (Q & F Action 45)

- To provide risk assessment and treatment services for sex offenders and support and education for family members. To assess the effectiveness of the family support and offender treatment programmes

Objective x): To review waiting-list management in the North-West National Counselling Service in line with recommendations of the Survivors’ Experiences of The National Counselling Service (SENCS) Report

- To establish a system of addressing needs systematically in parallel with current at-risk assessment at initial meeting with client
- To effectively manage the waiting list
- To develop a system for feedback from clients for new arrangements

Objective xi): To ensure that parents of children who are adopted domestically or from overseas are supported to improve the physical mental and emotional well-being of children

- Develop and undertake a needs assessment of children arising out of post placement referrals
- Identify training needs of Carers and implement a needs led training programme

Objective xii): To support young people, carers and social work staff in the delivery of quality Fostering Services on behalf of the Health Board and in keeping with the National Standards for Foster Care

The Board considered a report on the new National Standards for Foster Care in October 2003 following the launch of the new standards. Unfortunately, no additional funding has been received by the Board to allow us to fully implement the standards. In 2004, we would aspire to do the following:

- To put in place written protocols for referral and treatment of young people in care to multi disciplinary services
- To determine and implement a model of family access arrangements for young people in foster care
To develop a child friendly complaints procedure
Funding will be applied to the full year costs of the increase in foster care allowance

Objective xiii): To re-configure and define the nature of regional residential childcare provision to match the needs of Young People

To implement the reconfiguration proposals as identified in the Report ‘Optimising Children’s Residential Care within the continuum of care provision in the North West’

Objective xiv): To develop integrated models of service provision to care leavers and young homeless that are responsive, flexible and capable of meeting their assessed needs (Q & F Actions 21, 44)

- To adopt the Leaving and Aftercare Strategy and to implement the recommendations of same
- To undertake a needs assessment on the young homeless population in the Board area
- To explore models of good practice in delivery of services to young homeless and present to Working Group
- To set up information database to collect information in a systematic way on young people who present as homeless
- To develop a continuum of user friendly, accessible and community based services for young people in partnership with key stakeholders. To publish service information
- To establish Tonaphubble building as an operational facility and put in place operational policies, procedures and practice guidance. To commence direct service delivery of parenting support programmes to 12 vulnerable young parents on a day basis. To evaluate effectiveness of service model and write proposals for additional service development and improvement

Objective xv): To establish a model of young people’s participation in service planning which will promote their real involvement in decision making in the planning and development of services (Q & F Actions 50, 52)

- To establish a database of service providers and a multi agency steering group
- To define and implement models of best practice

Objective xvi): To develop the work of the North West Children & Young People’s Committee (NWCC&YPBC) to ensure that services for children, young people and families in the North-West are developed in a planned inter-agency way to optimise the choices and life chances of every child in the community (Q & F Actions 52, 70)

- To outline available resources for consideration against stated priorities
- To provide a forum for Working Groups in service areas to articulate key service development requirements and issues influencing their performance. The Working Groups in 2004 will present business cases for service planning to the NWCC&YPBC
- To develop criteria for problem solving and prioritisation and facilitate joint problem solving
- To develop the Service Plan for 2005
## Financial Statement & Service Plan 2004

**Children**

<table>
<thead>
<tr>
<th>ACTIVITY -</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHILD HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BREASTFEEDING</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of mothers of new born children visited by a Public Health Nurse (PHN) within 48 hours of hospital discharge</td>
<td>95%</td>
<td>88%</td>
<td>-7%</td>
<td>90%</td>
</tr>
<tr>
<td>The percentage of babies who are exclusively breastfed on discharge from hospitals</td>
<td></td>
<td>35%</td>
<td></td>
<td>35%</td>
</tr>
<tr>
<td>The percentage of babies who are breastfed (not exclusively) on discharge from hospitals</td>
<td></td>
<td>2%</td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>The percentage of babies who are exclusively breastfed at three months</td>
<td>25%</td>
<td>17%</td>
<td>-32%</td>
<td>19%</td>
</tr>
<tr>
<td>The percentage of babies who are breastfed (not exclusively) at three months</td>
<td>8%</td>
<td>7%</td>
<td>-13%</td>
<td>8%</td>
</tr>
</tbody>
</table>

**UPTAKE OF CHILD HEALTH CORE SCREENING PROGRAMME AS OUTLINED IN 'BEST HEALTH FOR CHILDREN' (1999)**

| Developmental Screening | 35.5%+ | | MAINTAIN SCREENING TARGET AS PER 2003 OUT TURN |
|-------------------------|--------|--------------------------|
| Audiology Screening of Primary School Children | 171%* | | OF TARGETED CHILDREN SCREENED |
| Vision Screening of Primary School Children | 118%** | | 95% OF TARGETED CHILDREN SCREENED |

**Comments:**

+ Out-turn appears low for the Developmental Screening due to Public Health Doctor’s strike in Quarter 2 2003 and subsequent reduced number of children screened in that period.

* During the school year Q3+4 2002 – Q1+Q2 2003, the percentage uptake of Audiology Screening of Primary School Children was reported at 171%. This figure was based on:
  - A target group of 3,038 children for the year
  - A total of 5,183 children who received audiology screening

The higher number of children who received the screening compared to the target group is attributed to:

- Repeat Assessments
- Pupils screened outside the target group

** During the school year Q3+4 2002 – Q1+Q2, 2003, a percentage uptake of 118% for reported for Vision Screening of Primary School Children. This was based on the following:

  - A target group of 10,662 children
  - A total of 12,593 children who received vision screening

The higher number of children who received the vision screening compared to the target group is attributed to the fact that in addition to the three classes of children identified for screening through Best Health For Children, Donegal also screens junior infant classes.
Financial Statement & Service Plan 2004

### Immunisations (Data Q4 2002 - Q3 2003)

<table>
<thead>
<tr>
<th>Category</th>
<th>Out-turn 2002</th>
<th>Out-turn 2003</th>
<th>% Variance</th>
<th>Target 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT</td>
<td>95%</td>
<td>89%</td>
<td>-6%</td>
<td>95%</td>
</tr>
<tr>
<td>Hib</td>
<td>95%</td>
<td>86%</td>
<td>-7%</td>
<td>95%</td>
</tr>
<tr>
<td>Polio</td>
<td>95%</td>
<td>89%</td>
<td>-6%</td>
<td>95%</td>
</tr>
<tr>
<td>MenC</td>
<td>95%</td>
<td>87%</td>
<td>-5%</td>
<td>95%</td>
</tr>
</tbody>
</table>

**Percentage uptake of DtaP/DT/Hib/Polio and Meninigococcal C vaccination at 12 months of age**

<table>
<thead>
<tr>
<th>Category</th>
<th>Out-turn 2002</th>
<th>Out-turn 2003</th>
<th>% Variance</th>
<th>Target 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT</td>
<td>95%</td>
<td>95%</td>
<td>-</td>
<td>95%</td>
</tr>
<tr>
<td>Hib</td>
<td>95%</td>
<td>93%</td>
<td>-2%</td>
<td>95%</td>
</tr>
<tr>
<td>Polio</td>
<td>95%</td>
<td>94%</td>
<td>-1%</td>
<td>95%</td>
</tr>
<tr>
<td>MenC</td>
<td>95%</td>
<td>94%</td>
<td>-1%</td>
<td>95%</td>
</tr>
<tr>
<td>MMR</td>
<td>95%</td>
<td>85%</td>
<td>-11%</td>
<td>95%</td>
</tr>
</tbody>
</table>

**Comments:**

2004 targets are set in line with national immunisation target of screening 95% of all children.

### Parenting & Family Support

<table>
<thead>
<tr>
<th>Category</th>
<th>Out-turn 2002</th>
<th>Out-turn 2003</th>
<th>% Variance</th>
<th>Target 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-School Inspections</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advisory</td>
<td>70</td>
<td>107</td>
<td>+53%</td>
<td>100</td>
</tr>
<tr>
<td>Initial</td>
<td>50</td>
<td>37</td>
<td>-26%</td>
<td>35</td>
</tr>
<tr>
<td>Annual</td>
<td>230</td>
<td>230</td>
<td>0%</td>
<td>230</td>
</tr>
</tbody>
</table>

**Comments:**

2004 target is based on the number of pre-schools in the region at the end of 2003.

<table>
<thead>
<tr>
<th>Category</th>
<th>Out-turn 2002</th>
<th>Out-turn 2003</th>
<th>% Variance</th>
<th>Target 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary / Community Organisations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifestyle (Average Annual Numbers Using the Service)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newtowncunningham</td>
<td>-</td>
<td>141</td>
<td>-</td>
<td>141</td>
</tr>
<tr>
<td>Lifford</td>
<td>-</td>
<td>160</td>
<td>-</td>
<td>160</td>
</tr>
<tr>
<td>Killybegs</td>
<td>-</td>
<td>126</td>
<td>-</td>
<td>126</td>
</tr>
<tr>
<td>Sligo</td>
<td>-</td>
<td>434</td>
<td>-</td>
<td>434</td>
</tr>
<tr>
<td>Letterkenny*</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>50</td>
</tr>
<tr>
<td>Buncrana*</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>40</td>
</tr>
<tr>
<td>Glenties/Ardara*</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>40</td>
</tr>
</tbody>
</table>

**Comments:**

*New Lifestart Programmes for 2004.*

### Springboard; Sligo (Average Annual Numbers Using the Service)

<table>
<thead>
<tr>
<th>Category</th>
<th>Out-turn 2002</th>
<th>Out-turn 2003</th>
<th>% Variance</th>
<th>Target 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number Of Children</td>
<td>78</td>
<td>109</td>
<td>+40%</td>
<td>109</td>
</tr>
<tr>
<td>Number Of Families</td>
<td>62</td>
<td>48</td>
<td>-23%</td>
<td>48</td>
</tr>
<tr>
<td>Number Of Children In Creche Facilities</td>
<td>15</td>
<td>18</td>
<td>+20%</td>
<td>18</td>
</tr>
</tbody>
</table>

### Home Youth Liaison Service (Average Numbers)

<table>
<thead>
<tr>
<th>Category</th>
<th>Out-turn 2002</th>
<th>Out-turn 2003</th>
<th>% Variance</th>
<th>Target 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young People Receiving A Service</td>
<td>154</td>
<td>138</td>
<td>-10%</td>
<td>138</td>
</tr>
<tr>
<td>Young People Receiving Intensive Support</td>
<td>-</td>
<td>23</td>
<td>-</td>
<td>23</td>
</tr>
</tbody>
</table>

### Child Protection

<table>
<thead>
<tr>
<th>Category</th>
<th>Regional</th>
<th>Donegal</th>
<th>Sligo</th>
<th>Regional</th>
<th>% Variance</th>
<th>Target 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welfare</td>
<td>804</td>
<td>166</td>
<td>523</td>
<td>689</td>
<td>+14%</td>
<td>689</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>108</td>
<td>72</td>
<td>22</td>
<td>94</td>
<td>-13%</td>
<td>94</td>
</tr>
</tbody>
</table>
Financial Statement & Service Plan 2004

### Children

**Category** | Outturn 2002 | Out-turn 2003 | % VAR/ANCE | Target 2004
--- | --- | --- | --- | ---
**Sexual Abuse** | 160 | 115 | 39 | 154 | -4%
**Emotional Abuse** | 94 | 70 | 25 | 95 | +1%
**Neglect** | 141 | 148 | 37 | 185 | -31%
**Total** | 1,107 | 571 | 646 | 1,217 | +10%
**COSC Referrals** | 38 | - | - | 38 | 0%

**Comments:**
The disparity in child protection referrals in proportion to welfare referrals is explained due to a reduction in welfare referrals in Donegal because of a reduced expectation of service delivery on the part of referrers and differences in the availability of resources to support risk management.

<table>
<thead>
<tr>
<th>Category</th>
<th>Out-turn 2003</th>
<th>% Variance</th>
<th>Target 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALTERNATIVE CARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INTER COUNTRY ADOPTION (ICA)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adoption enquiries</td>
<td>56</td>
<td>28</td>
<td>32</td>
</tr>
<tr>
<td>Number of applications for adoption</td>
<td>33</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>Number of applications on the waiting list for adoption assessment</td>
<td>-</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td><strong>TRACING</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of tracing requests received</td>
<td>-</td>
<td>92</td>
<td>26</td>
</tr>
<tr>
<td>Number of tracing requests on current waiting list as at end of month/period</td>
<td>-</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Comments:**
Service targets in 2004 are based on 2003 out – turn.

**ADMISSIONS TO CARE**

<table>
<thead>
<tr>
<th>Category</th>
<th>Out-turn 2003</th>
<th>% Variance</th>
<th>Target 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>32</td>
<td>21</td>
<td>28</td>
</tr>
<tr>
<td>Pre-Adoptive Placement</td>
<td>6</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Residential</td>
<td>4</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>At Home Under Care Order</td>
<td>2</td>
<td>0</td>
<td>-2</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>37</td>
<td>34</td>
</tr>
</tbody>
</table>

**CHILDREN IN CARE**

<table>
<thead>
<tr>
<th>Category</th>
<th>Out-turn 2003</th>
<th>% Variance</th>
<th>Target 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>190</td>
<td>94</td>
<td>85</td>
</tr>
<tr>
<td>Pre-Adoptive Placement</td>
<td>6</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Residential</td>
<td>10</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td>At Home Under Care Order</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>212</td>
<td>114</td>
<td>94</td>
</tr>
</tbody>
</table>

**PERFORMANCE INDICATORS**

The relevant Performance Indicators from the National Suite against which the Board will report in 2004 are as follows: Child and Adolescent Health, CH1 – CH7, Child Care, CC1 - CC6 and Health Promotion, HP 6. These can be summarised as having a focus on:

Child and Adolescent Health: first visits of new born babies, immunisation, child health surveillance, breastfeeding and for Child Care: care plans, foster care, pre-schools, inter-country adoption, child protection case conferences, child protection reports, children in care and health promotion in schools.
LETTER OF DETERMINATION FUNDING 2004

<table>
<thead>
<tr>
<th>SERVICE OBJECTIVES</th>
<th>ACTIONS TO ACHIEVE OBJECTIVES</th>
<th>L.O.D FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>As per Objective xiii) Section 8.3.3</td>
<td>This funding will be applied towards full year costs of foster care allowance in 2004</td>
<td>0.250m</td>
</tr>
<tr>
<td></td>
<td>This funding will be the revised rates applied towards contingency cost pressures and legal costs in 2004</td>
<td>0.228m</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>0.478m</strong></td>
</tr>
</tbody>
</table>

8.3.4 KEY ISSUES FOR THE YEAR AHEAD

Apart from the generic key issues identified in the CEO's Statement and Overview (Section 1), the following are specific to Children's Services:

- Re-organisation of the Area Medical Officer Service with effective agreements and protocols, including the appointment of a Principal Medical Officer
- Funding constraints to community/voluntary groups may impact on our ability to provide additional preventative & targeted programmes to support the increased number of Family Support referrals to the Social Work Child Protection Department
- Implementation of the Children Act 2001
- External factors e.g. SARS may result in re-allocation of staff and resources from core children's services
- No additional resources to implement the full National Standards in Foster Care may result in lack of full compliance in some areas
- Capacity issues – recruitment, appointment and possible redeployment of staff
- Increased complexity in managing the needs of specific children in care of the Board

8.3.5 MONITORING MECHANISMS AND EVALUATION

MONITORING MECHANISMS AND EVALUATION

Apart from the generic monitoring mechanisms referred to in the CEO's Overview (Section 1), Care Group specific monitoring mechanisms take place by the Board's Child Care Advisory Committee, an inter-agency statutory committee which meets quarterly with a remit to advise the Board on the adequacy of Child Care Services. This Committee also signs off an annual Adequacy Report on Child Care Services.

The Social Services Inspectors routinely inspects Residential Child Care Services in the Board area and their inspection function in 2004 will extend to audit and inspection of Foster Care Services.

8.3.6 RESEARCH, QUALITY AND VFM INITIATIVES

RESEARCH

There is a significant range of research requirements in Children's Services. The list highlighted below will be considered against available resources in 2004.

- To develop electronic data collection methods regionally through the School Health Implementation Project to routinely capture information on overweight and obesity prevalence trends amongst primary school children
- To evaluate services for chronically sick children and to propose service developments.
- To conduct the research proposal to survey parents/carers of all 1 & 2 year old children who have either not commenced or completed the recommended immunisation schedule as to the reasons why
- To carry out a needs assessment for the needs of young people in the South Sligo area, Family support requirements in the Letterkenny area, the needs of groups such as asylum seeker families, travellers, men, families on the child protection case-load and childcare services for the under fives.
To commence an evaluation of the Donegal Springboard Project
To complete research into the childcare needs of NWHB staff (NWHB Partnership Project)
To carry out an in-depth audit/evaluation of three NWHB funded family support providers in 2004.
To evaluate the effectiveness of the Dinosour Programme provided through Child & Adolescent Mental Health Services
To evaluate the effectiveness of the COSC Service through implementation of pre and post-clinical measures with all sex offenders and family members attending the service and to prepare a research paper for NOTA (National Organization for Treating Abusers) Conference, 2004 on the findings
To carry out an evaluation of the Integrated Model of Self Regulation Service and to propose future development in relation to the Fostering Service
To work in partnership with the Youthreach pilot project which has a research brief to analyse the needs and numbers of young homeless in the Donegal area

QUALITY

To monitor the implementation of the Best Health For Children Projects in 2004
To complete and implement the standard for the 7-9 months developmental assessment
To develop systems for consumer feedback in relation to delivery of Immunisation Services and relevant Child Health Screening Services
To draw up a discussion document on regulations for creche facilities that provide 24 hour care
To continue to provide training for childminders and childcare providers in target subjects
To implement quality audits in Child Care covering designations, compliance, authorisation, delegations, policies and procedures
To undertake a Total Systems Review of Child Protection & Fostering Services and to target areas for improvement
To develop an Action Plan within the National Counselling Service to implement the recommendations of the Survivors Experience of the National Counselling Service (SENCS) 2003 report
To implement priorities within the National Foster Care Standards
To establish a statement of service standards and performance indicators for After Care
To implement systems for aftercare/Youth homelessness evaluation and improvement
To publish a booklet with users for users on aftercare service provision and the standards they can expect from the service
To implement practice guidance, procedures and policy for the delivery of After Care Services
To implement the Board’s Housekeeping & Cleaning Standards
To comply with the Board’s Health & Safety requirements

VALUE FOR MONEY (VFM) INITIATIVES

Apart from the generic VFM initiatives as referred to in the CEO’s Statement and Overview (Section 1), specific VFM initiatives for Children’ Services are as follows:

Further work on reduction of transport costs in relation to the Child Protection Service may enable resources to be freed up and targeted towards other service areas
The provision of group interventions for parents and children is cost-effective as larger numbers of clients can be seen in relation to the Child & Adolescent Mental Health Service
The continuing utilisation of a group work treatment model rather than individual treatment for both sex offenders and family members will continue to be used to maximise staff resources within the COSC Service
Partnership working with existing service providers should maximise their contribution to the development and delivery of comprehensive services to young people
Analysis of current expenditure of the residential and foster care budgets for the 18+ age group may result in funds being made available to re-deploy to Aftercare and Youth Homelessness Services
A new regional Child Care Information System was initiated in 2002 to support Child Care Services (Child & Family Services, Fostering, Adoption and Residential Care) within the NWHB
The continued active participation in the Management Steering Groups of the CAWT Projects ‘A New Chance’, ‘Children’s Service Planning & Information’ and ‘Social / Community Care’ projects will
ensure effective cross border communication and cross border service planning and delivery into the future

**KEY POINTS OF NOTE/KEY RESULT AREAS FOR 2004**

- Implement the pilot projects for school health and the development of a practice standard for the 6-8 week developmental check of infants by GPs
- Promote the health of children in the areas of accident prevention, healthy eating and physical exercise
- Develop child health and child care training
- Maintain and improve uptake of childhood immunisation
- Implement new child health immunisation system
- Produce and implement the recommendations of the Sexual Health Strategy for Young People
- Reduce waiting times and waiting lists for Therapy Services
- Appoint third Consultant Child and Adolescent Psychiatric Team
- Increase availability of Family Support Services
- Reduce child protection waiting lists
- Appoint new Child Protection Team in Donegal
- Commence implementation of the Child Care Information Project
- Progress the reconfiguration of Child Care Residential Services
- Commence implementation of Board's Leaving and Aftercare Strategy
- Introduce new National Foster Care Standards
- Further implement the Board's Youth Homelessness Strategy
- Further develop the work of the North West Children and Young People's Committee
- Further develop strategies for the involvement of Children and Young People in service planning
9.1 COMMUNITY THERAPY SERVICES

9.1.1 CONTEXT

ROLE AND PURPOSE

The purpose of Community Therapy Services is to provide a range of comprehensive, locally based accessible Therapy Services to the population of the NWHB on the basis of defined need and eligibility. Services are provided by highly skilled staff drawn from a wide range of professions, who work in multi-disciplinary teams in conjunction with clients, families, carers, voluntary groups, and other NWHB service providers.

NATIONAL AND REGIONAL POLICY FRAMEWORK

The principal and legislative framework guiding the provision of these services include:

- Primary Care – A New Direction (2001)
- Best Health for Children (1999)
- Get Connected, Adolescent Health Strategy (2001)
- National Children’s Strategy (2000)
- Report of the National Advisory Committee on Palliative Care (2001)

Board Strategies/Policies:

- Furthering Consumer Involvement (1999)
- Primary Health Care in the North West (1999)
- Learning Disability Needs Assessment Surveys (2000 and 2001)

9.1.2. BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

Community Therapy Services refer to all therapies provided in the community. These services are provided in a variety of community based settings through specific Care Groups and Services as listed below:

- Children’s Services
- Physical and Sensory Disability Services
- Learning Disability Services
- Adult Services
- Older People’s Services
- Training & Occupational Support Services
- Mental Health Services
- Primary Care Services

The Regional General Manager for Disability Services has overall management responsibility for the following Community Therapy Services:

PHYSIOTHERAPY

The Community Physiotherapy Service provides physiotherapy in a variety of different settings. These include inpatient (hospital) and outpatient (community) treatment for persons suffering from physical discomfort or dysfunction.

OCCUPATIONAL THERAPY

The Community Occupational Therapy Service aims to assist clients compensate for functional deficits due to a wide variety of conditions e.g. developmental, congenital, neurological and degenerative conditions. The aim is to facilitate the development of new skills and/or rehabilitate clients to their former life style by employing new techniques or

*This plan should be read in conjunction with the CEO’s Overview (Section 1) and Population Health Section (Section 3) of this Service Plan.*
specialised equipment. Where this is not possible, the aim is to maintain on an ongoing basis the client's function and encourage him/her to lead a meaningful life.

SPEECH AND LANGUAGE THERAPY
The Board's Community Speech and Language Therapy Service aims to support and provide a high quality service to people with a communication and/or swallowing problem across different age groups, gender and culture.

NUTRITION AND DIETETICS
The Community Nutrition and Dietetic Service aims to provide a high quality, evidence based service, which meets the needs of the population in partnership with patients/clients, health professionals and other key groups. The Community Nutrition and Dietetic Service provide both a therapeutic service to clients requiring specific dietary interventions and are also involved in nutrition education and health promotion activities.

PSYCHOLOGY
The Board’s Community Psychology Department provides a comprehensive range of psychological services for children and adults with an emphasis on equality of service provision to the local population within the region.

BEREAVEMENT COUNSELLING SERVICE
The Bereavement Counselling Service in Co. Donegal is managed by Psychology Services. The service provides counselling/therapy to both the public and to NWHB staff members; as well as an information, consultation and a training service on bereavement issues.

COUNSELLING SERVICE FOR CHILDREN WITH SPECIAL NEEDS, SLIGO/LEITRIM
The Counselling Service for Special Needs aims to provide a domiciliary and/or clinic based specialised counselling service to families who have a child with a developmental delay/learning or physical and sensory disability aged 0-18 years.

<table>
<thead>
<tr>
<th>ACHIEVEMENTS 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Significant investment in minor equipment which resulted in the purchase of additional equipment for People with a Disability</td>
</tr>
<tr>
<td>• With the appointment of additional therapists more clients were seen along with a reduction in waiting times and waiting lists</td>
</tr>
<tr>
<td>• Supported student clinical placements</td>
</tr>
<tr>
<td>• Supported development of new Speech Therapy, Occupational Therapy and Psychology training courses at National University of Ireland, Galway</td>
</tr>
<tr>
<td>• Provided in-service staff training programmes</td>
</tr>
<tr>
<td>• Provided Lamh and Patmar training programmes for people with communication difficulties</td>
</tr>
</tbody>
</table>

9.1.3. THE YEAR AHEAD
9.1.3.1. 2003 ACTIONS ONGOING INTO 2004
• Provision of additional dedicated therapeutic accommodation
• Further development of artificial nutrition service in Co Donegal
• Appointment of a Senior Occupational Therapist for Autism Services, Sligo/Leitrim
• Provision of language classes in Leitrim, South Donegal and South Sligo
9.1.3.2. AIMS AND OBJECTIVES FOR 2004

The core aims and objectives of Therapy Services are outlined below. The overall aims and objectives are identified and the associated actions have also been identified below (further details on each of these actions is contained in the Operational Plan for Therapy Services).

i) To provide Therapy Services within existing levels of funding across all care groups (Q & F Action 53, 68, 72, 76, & 110)

ii) To improve the planning, co-ordination and monitoring of Therapy Services (Q & F Action 14, 49, 51, 52, 63, 73 & 104)

iii) To provide a person centred and cost effective Aids and Appliance Service (Q & F Action 63)

iv) To review and increase service capacity of Therapy Services (Q & F Action 63)

v) To facilitate and support staff training and development (Q & F Action 14, 50, 51, 55, & 101)

9.1.3.3 ACTIONS TO ACHIEVE OBJECTIVES

Objective i): To provide Therapy Services within existing levels of funding across all care groups (Q & F Action 45, 53, 68, 72, 76, & 110)

- To deliver Therapy Services based on 2003 existing levels of funding (Q & F Action 110)
- To ensure that all vacant posts are filled and that existing services are reconfigured to priority areas of need
- To ensure referral practices are in line with best practice (Q & F Action 68)
- To review working hours of all Therapy Services to ensure a flexible, responsive, VFM service is delivered in line with key targets in Sustaining Progress (Q & F Action 45)
- To continue the PATMAR and LAMH courses for people with communication difficulties
- To review the Draft National Disability Standards with regards to their implications for Therapy Services
- To work with Board's Human Resources Department to further the development of a NWBH service level agreement framework (Q & F Action 72 & 110)
- To work closely with Older People and Primary Care Services to progress the development of the Pilot Primary Care Implementation Project in Lifford (Q & F Action 76)
- To ensure adequate therapeutic accommodation is provided (Q & F Action 45 & 53)

Objective ii): To improve planning, co-ordination and monitoring of Therapy Services (Q & F Action 14, 51, 52, 53, 63, 73 & 104)

- To develop systems to ensure children wait no longer than three months and adults wait no longer than 6 months for therapy assessment
- To work with the North West Children and Young People's Committee (NWCYPC) Disability Sub-Group to enhance services for children with a disability (Q & F Action 14 & 104)
- To progress the development of dedicated children's assessment and development centres in Sligo and Donegal (Q & F Action 14, 51 & 53)
- To improve the collection and reporting of service activity data (Q & F Action 63)
- To continue therapy involvement in consumer panels (Q & F Action 52)
- To undertake a needs assessment to identify the need for counselling for parents of children with disabilities (Q & F Action 14 & 73)

Objective iii): To work with other NWBH service providers in the delivery of a person centred and cost effective Aids and Appliances Service (Q & F Action 63)

- To continue to provide a cost effective person centred Aids and Appliance Service across all care groups (Q & F Action 63)
- To work with Board's Materials Management function to identify best value for money with regards to the procurement of all aids and appliances (Q & F Action 63)
- To provide a dedicated central facility for the storage, tracking and cleaning of aids and appliances (Q & F Action 63)
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- To review existing aids and appliance eligibility criteria and to develop an agreed NWHB set of policies and procedures for aids and appliances (Q & F Action 53)

Objective iv): To review and increase service capacity of Therapy Services (Q & F Action 14, 31, 45 & 101)

To consider the appointment of the following posts in line with resources and headroom in the Board’s employment ceiling. The appointment of these staff will reduce waiting times and lists for therapy.

- To appoint a Paediatric Occupational Therapist in Leitrim to work specifically with children with a disability (Q & F Action 14 & 101)
- To appoint an additional Speech and Language Therapist in Leitrim to work specifically with people with a disability (Q & F Action 14 & 101)
- To appoint 2 wte Speech and Language Therapists for Autism Services (Q & F Action 14 & 101)
- Appointment of paramedical staff in Donegal Hospice in line with palliative Care Needs Assessment (Q & F Action 31)
- To appoint a Clinical Psychologist to work with People with a Physical and Sensory Disability in Donegal (Q & F Action 101)
- To provide a dietary service for people with a learning disability living in residential care
- To improve access in four buildings where physiotherapy clinics take place to ensure that people with a disability receive an appropriate service (Q & F Action 45)

Objective v): To facilitate and support staff training and development (Q & F Action 19 & 68)

- To support trainee/student placements from National University of Ireland (NUIG), other Universities and training bodies
- To provide sensory integration and bobath training for Occupational Therapy and Physiotherapy staff (Q & F Action 68)
- To train a Counsellor for Special Needs in the Portage Programme to assist children and families to communicate more effectively (Q & F Action 68)
- To improve access to the toy library in Inishowen by providing additional funds to run 12 coffee mornings for parents and to facilitate the purchase of new toys (Q & F Action 19)

Activity

Figure 1: Therapy Services, Service Activity, Jan-Dec 2003

The table below outlines the number of attendances/people utilising Therapy Services in 2003 and sets service targets for 2004.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>OUT-TURN 2003</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>DL</td>
</tr>
<tr>
<td>OCCUPATIONAL THERAPY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of attendances</td>
<td>10,390</td>
<td>6,454</td>
</tr>
<tr>
<td>No. of people on waiting list for assessment</td>
<td>500</td>
<td>353</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At the end of December 2003, 500 people were waiting for assessment by the Occupational Therapy Service. This waiting list is exceptionally high and will be significantly reduced in 2004 with the appointment of additional Occupational Therapists during quarter 1. Patient throughput will also increase when equipment procurement contracts are established, as well as the centralised Aids &amp; Appliance storage facility, staff should be able to work more efficiently and activity levels should increase.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PHYSIOTHERAPY

| No. of attendances        | 53,603 | 43,955 | 19,648 | 53,603 | 43,955 | 19,648 |
| No. of people on waiting list for assessment | 438 | 356 | 82 | 370 | 300 | 70 |
Financial Statement & Service Plan 2004

Community Therapy Services

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>OUT-TURN 2003</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>DL</td>
</tr>
<tr>
<td>Comments: Several posts were vacant during 2003 due to ongoing recruitment difficulties, sick leave and maternity leave. These factors have impacted negatively on waiting lists. Efforts will continue to address existing waiting lists during 2004.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SPEECH AND LANGUAGE THERAPY

<table>
<thead>
<tr>
<th>No. of attendances</th>
<th>20,162</th>
<th>10,848</th>
<th>9,314</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of people on waiting list for assessment</td>
<td>162</td>
<td>138</td>
<td>24</td>
</tr>
</tbody>
</table>

Comments: Efforts to reduce waiting lists and times for speech and language therapy were ongoing in 2003. Quarterly assessment clinics take place to address waiting lists. In Donegal, approximately 20% of all appointments given are either DNA’s or cancellations. In Sligo/Letrim and West Cavan DNA’s and cancellations are approximately 10%. Failure to attend policies exist and will be further implemented in an effort to reduce loss of valuable therapy time.

PSYCHOLOGY

<table>
<thead>
<tr>
<th>No. of attendances</th>
<th>6,104</th>
<th>2,957</th>
<th>3,147</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of people on waiting list for assessment</td>
<td>245</td>
<td>179</td>
<td>66</td>
</tr>
</tbody>
</table>

Comments: At the end of December 2003, 245 people were waiting for Psychology. Ongoing difficulties pertain to the appointment of Psychologists in the NWHB and throughout the country. The appointment of Senior Psychologists takes place through the Government’s Local Appointments Commission (LAC) and the recruitment of four Psychologists through this process was ongoing throughout 2003. Only one candidate recommended from LAC interview has stated a preference for taking up post in the NWHB. Efforts will continue to address the waiting lists in 2004.

LETTER OF DETERMINATION FUNDING 2004

No additional funding was allocated in the 2004 Letter of Determination in respect of Therapy Services.

9.1.3.4 KEY ISSUES FOR THE YEAR AHEAD

Apart from the generic key issues identified in the CEO’s Statement and Overview (Section 1) the following are specific to Community Therapy Services:

- Responding to increasing service demands due to increasing number of referrals and complex cases
- Recruitment and retention of therapy staff
- Provision of a centralised storage facility for aids and appliance and development of new policies and procedures for the management and provision of all aids and appliances
- Provision of adequate therapeutic accommodation
- Ensuring all therapy students have access to high quality placement and supervision opportunities
- Introduction of National Standards for Disability Services and the impact of the new Disability & Education Bills
- Ensuring adequate skill mix is available to all services and clients

9.1.3.5 MONITORING MECHANISMS AND EVALUATION

MONITORING MECHANISMS

Generic monitoring mechanisms have been referred to in the CEO’s Statement and Overview (Section 1).
EVALUATION

- An evaluation of existing referral, assessment and discharge processes will take place with the view to establishing standardised best practice process (Q&F Action 68).

9.1.3.6 RESEARCH, QUALITY AND VFM INITIATIVES

RESEARCH

- Undertake a needs assessment to identify the counselling needs of parents who have a child with a disability (Q & F Action 14 & 73).

QUALITY

- Establish standards on case review across all services (Q & F Action 63).
- Development of a central management system for the provision of aids and appliances.

VALUE FOR MONEY (VFM) INITIATIVES

Apart from the generic VFM initiatives as referred to in the CEO's Statement and Overview (Section 1), specific VFM initiatives for Therapy Services are as follows:

- Development of validated activity data will lead to more reliable information being provided to the Care Groups so that efficient use of the funding is maintained (Q&F Action 53).
- Development of a central management system for the provision of aids and appliances.

<table>
<thead>
<tr>
<th>KEY POINTS OF NOTE/KEY RESULT AREAS IN 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Deliver Therapy Services based on 2003 levels of funding</td>
</tr>
<tr>
<td>• Develop systems to reduce waiting times for Therapy Services to &lt; 3 months for assessment for children and &lt; 6 months for adults</td>
</tr>
<tr>
<td>• Improve referral, assessment and discharge processes</td>
</tr>
<tr>
<td>• Provide greater flexibility of appointment times</td>
</tr>
<tr>
<td>• Recruitment and retention of therapy staff</td>
</tr>
<tr>
<td>• Provision of student clinical placements</td>
</tr>
<tr>
<td>• Provision of a centralised Aids and Appliance Service</td>
</tr>
<tr>
<td>• Improve service activity monitoring and reporting mechanisms</td>
</tr>
</tbody>
</table>
9.2. PERSONS WITH A PHYSICAL AND SENSORY DISABILITY

9.2.1. CONTEXT

ROLE AND PURPOSE

The NWHB Physical and Sensory Disability Services works in partnership with voluntary sector service providers and People with Disabilities Ireland (PwDI) to assist people with a disability to:
- develop to their full potential
- retain maximum independence
- provide opportunities for full inclusion in their local community

The role of Physical and Sensory Disability Services is to provide services to people 0-65 years with either a physical disability, visual or hearing disability and / or acquired brain injury. The aim is to ensure that the guiding principles identified by the Commission on the Status of People with Disabilities (1996) are reflected in service planning and provision.

The service aims to provide a range of services including accommodation, home and personal support services, recreation, training and employment, respite, key workers, therapy and health professionals, complimentary therapies, and advocates for improved access, and transport services.

NATIONAL AND REGIONAL POLICY FRAMEWORK

People with a Disability have a central role in self-determination and in influencing service requirements. In recent years the values and philosophy of service provision have changed to focus on the rights of People with a Disability, participation and inclusion in community life, and valued citizenship. The establishment of the National Disability Authority (NDA) which has a key role in promoting and securing the rights of People with Disabilities and the development of National Standards for Disability Services (pending publication) should further enhance services for People with a Physical and Sensory Disability in the NWHB.

The main strategic documents influencing the work and future developments in Physical and Sensory Disability Services are:

Recommendations from national strategy documents led to the development of the National Physical and Sensory Disability Database (NPSDD) and the production of ‘Progressing the Partnership’, the NWHB’s Multi-Annual Plan for Physical & Sensory Disability Services (2001-2006).

NEEDS ANALYSIS

The National Physical and Sensory Database (NPSDD) was established in 2002 to assess the needs and plan future services for People with a Physical and Sensory Disability over the next five years. The NWHB has invested a considerable amount of resources in planning and supporting the work of the NPSDD during 2002/2003. This is shown in the high number of

This plan should be read in conjunction with the CEO's Statement and Overview (Section 1) and the Population Health (Section 3) of this Service Plan.
Financial Statement & Service Plan 2004   Persons with a Physical and Sensory Disability

people, 2,043 (88%) who have been interviewed and included on the database out of an expected physical and sensory population of 2,331 people living in the North West.

Figure 1: Profile of People from NWHB Area Included on National Physical and Sensory Disability Database, 2003

Figure 1 above shows the majority of people with a Physical and Sensory Disability 1,417 (69%) live in Donegal, 425 (21%) live in Sligo and 198 (10%) live in Leitrim.

9.2.2. BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

The NWHB and voluntary agencies provide services for People with a Physical and Sensory Disability in a range of settings. The following services are currently being provided:

- Home and Personal Support Services
- Respite Services
- Day Services
- High Support Services
- Independent Living Skills Houses
- Therapeutic Services
- Information and Advice Services
- Advocacy Services
- Counselling Services
- Aids and Appliances
- Assistive Technology Disability Support Unit
- Training and Occupational Support Services
- Communication, co-ordination and monitoring of services are enhanced through the Board's Physical and Sensory Regional Co-ordinating Committee and Physical and Sensory Disability Care Groups. Consultation with service users is undertaken on an individual basis by direct service providers and through the involvement of People with Disabilities Ireland (PwDI) on each of the above committees.

ACHIEVEMENTS 2003

- Significant additional investment in minor capital and minor equipment resulting in purchase of equipment, mini buses and improvements to facilities
- Increased Home and Personal Support Services
- Opened independent living skills house in Letterkenny
- Continued development of High Dependency Units with Cheshire Services
- New training programme for People with Acquired Brain Injury in Letterkenny.
- Appointed Senior Occupational Therapist to the Inishowen and Letterkenny area
- Increased number of people included on National Physical & Sensory Disability Database
- Produced Draft Guidelines for NWHB Accessible Buildings
9.2.3 THE YEAR AHEAD

9.2.3.1 2003 ACTIONS ONGOING INTO 2004

- Appointment of a Consultant Neurologist
- The development of Neuro-Psychology Services in Sligo/Leitrim
- Disability Awareness Training

9.2.3.2 AIMS AND OBJECTIVES

The overall aims and objectives that will guide the provision of Services for People with a Physical and Sensory Disability in 2004 are outlined below (further details on each of these objectives is contained in the 2004 Operational Plan for Physical and Sensory Disability Services).

i) To provide Home and Personal Support Services to People with a Physical and Sensory Disability (Q & F Action 27, 50, & 107)

ii) To ensure that more People with a Physical and Sensory Disability have access to appropriate, person-centred accommodation (Q & F Action 50, & 55)

iii) To ensure that People with a Physical and Sensory Disability have access to appropriate and timely levels of therapeutic interventions and to provide non-medical interventions (Q & F Action 14, 51, 52 & 101)

iv) To ensure that people with a Physical and Sensory Disability have access to appropriate opportunities for recreation and activities (Q & F Action 54)

v) To ensure that people with a Physical and Sensory Disability have access to the maximum levels of information, services, buildings and advocacy (Q & F Action 16, 19, 36, 44,45 & 120)

vi) To ensure that people with a Physical and Sensory Disability have access to appropriate and timely training and employment opportunities (Q & F Action 70,103 &104)

9.2.3.3 ACTIONS TO ACHIEVE OBJECTIVES

Objective i) To provide Home and Personal Support Services to People with a Physical and Sensory Disability (Q & F Action 27, 50, & 107)

- Continue to provide Home and Personal Support Services and provide an additional 5,400 hours (Q & F Action 50)
- Develop a pilot adolescent home and personal support scheme in Donegal (Q&F Action 50)
- Undertake a comprehensive evaluation of Home & Personal Support Services to ensure appropriate usage (Q & F Action 27 & 50)
- Address core deficit funding issues with voluntary organisations
- Review methods of providing sick leave and annual leave cover for voluntary agency service providers and identify appropriate recommendations for funding emergency cover arrangements (Q & F Action 107)

Objective ii): To ensure that more People with a Physical and Sensory Disability have access to appropriate, person-centred accommodation (Q & F Action 50, & 55)

- Continue the development of High Dependency Services in the region (Q & F Action 50)
- Identify the need and progress the development of independent living skills apartments in Sligo in partnership with Cheshire (Q & F Action 50)
- Progress the plans for the development of high support accommodation for People with Acquired Brain Injury (Q & F Action 50)
- Undertake an option appraisal for step down respite and high support accommodation (Q & F Action 55)
- Finalise a review of all People with a Physical and Sensory Disability under 65 years who are residing and/or receiving respite in Community Hospitals so that appropriate accommodation services can be planned to meet their needs

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Objective III: To ensure that People with a Physical and Sensory Disability have access to appropriate and timely levels of therapeutic interventions (Q & F Action 14, 51, 52 & 101) (as per Therapy Services Service Plan)

- Continue to provide Therapy Services to People with a Physical and Sensory Disability
- Work with the North West Children and Young People’s Committee (NYC & YPC) to plan and develop the provision of Child and Family Assessment Development Centres in Sligo and Donegal (Q & F Action 14, 51 & 52)

To consider the appointment of the following posts in line with resources and headroom in the Board’s employment ceiling:

- A Clinical Psychologist to work with People with a Physical and Sensory Disability in Donegal (Q & F Action 14 & 101)
- A Paediatric Key Worker to work with Children with a Disability in Donegal (Q & F Action 14 & 101)

Objective IV: To ensure that People with a Physical and Sensory Disability have access to appropriate opportunities for recreation and activities to promote personal goal attainment and local community integration (Q & F Action 54)

- Identify key areas for action following the NWHB and Sligo Sport’s Partnership research into recreation and disability (Q & F Action 54)
- Further develop the new day activity service for People with Acquired Brain Injury in Sligo (Q & F Action 54)
- Review day activity resource needs for people in Inishowen area (Q & F Action 54)
- Extend the pilot Irish Wheelchair Association day activity service in Gweedore for 15 people (Q & F Action 54)

Objective V: To ensure that People with a Physical and Sensory Disability have access to the maximum levels of information, services, buildings and advocacy (Q & F Action 16, 19, 36, 44, 45 & 120)

- Continue work on the National Physical and Sensory Disability Database (Q & F Action 120)
- In conjunction with all Disability Services consider the implications of the Disability and Education Bills (Q & F Action 36)
- Consider the recommendations of the NWHB Transport Committee to maximise use of transport managed by the NWHB and voluntary sector providers (Q & F Action 19)
- Enable 10 People with a Disability to undertake an advocacy training course at Sligo Institute of Technology (Q & F Action 19)
- Liaise with Comhairle to further develop an independent advocacy service (Q & F Action 44)
- Develop a training programme on sexuality in partnership with service users and their families (Q & F Action 16)
- Liaise with and support Community Access Groups to promote the implementation of the Barcelona Agreement (Q & F Action 45)
- Adopt the draft NWHB Guidelines on Accessible Buildings and audit their implementation in three NWHB premises (Q & F Action 45)
- In partnership with Comhairle, develop an information booklet on Physical and Sensory Disability Services for service users aged 18-35 years (Q & F Action 19)

Objective VI: To ensure that People with a Physical and Sensory Disability have access to appropriate and timely training and employment (Q & F Action 70, 103 & 104)

- Liaise with Training and Employment Support Services to identify appropriate training and employment opportunities for People with a Physical and Sensory Disability (Q & F Action 104)
- Assist the NWHB to ensure it meets the national target of employing 3% of People with Disabilities (Q & F Action 103)
- Undertake an evaluation of pilot training course for people with an acquired brain injury in Letterkenny Institute of Technology (Q & F Action 70)
### ACTIVITY

**CATEGORY: PHYSICAL AND SENSORY DISABILITY**

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>OUT-TURN 2003</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>DL</td>
</tr>
<tr>
<td>HOME AND PERSONAL SUPPORT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average no. of people in receipt of home help</td>
<td>292</td>
<td>219</td>
</tr>
<tr>
<td>No. of home help hours provided</td>
<td>24,852</td>
<td>12,106</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The service target for 2004 represents an increase of 5,400 Home Help hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERSONAL ASSISTANT (CL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of people in receipt of personal assistant service</td>
<td>65</td>
<td>34</td>
</tr>
<tr>
<td>No. of hours provided</td>
<td>44,965</td>
<td>22,957</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Donegal, 6 new people were in receipt of personal assistant services (health board funded) in the final quarter of 2003. This will result in an increase of hours in 2004.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOME CARE ATTENDANT SCHEME (IWA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of people in receipt of service</td>
<td>75</td>
<td>50</td>
</tr>
<tr>
<td>No. of hours provided</td>
<td>31,578</td>
<td>23,427</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service targets in 2004 are based on 2003 out-turn. Any increases in service will be within existing funded levels.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESIDENTIAL SERVICES (CHESHIRE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of people in receipt of residential services</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>RESpite SERVICES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of people in receipt of residential respite</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>No. of people in receipt of holiday respite</td>
<td>114</td>
<td>103</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service targets in 2004 are based on 2003 out-turn. Any increases in service will be within existing funded levels.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAY/TREATMENT CENTRES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of people in receipt of IWA Resource Centres</td>
<td>158</td>
<td>65</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any increases in service activity during 2004 will be within existing funded levels.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of people in receipt of treatment at Ms Centre, Sligo</td>
<td>242</td>
<td>-</td>
</tr>
<tr>
<td>No. of attendances</td>
<td>5,052</td>
<td>5,052</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any increases in service during 2004 will be within existing funded levels.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please note service activity information relating to targets for 2003 were not set in 2002.
** Work on validating and improving the quality of the above service activity is ongoing and will be a key service objective throughout 2004.
PERFORMANCE INDICATORS

The relevant Performance Indicators from the National Performance Indicators Suite, against which the Board will report in 2004, are as follows PS1 - PS3. These can be summarised as having a focus on the number of people included on the National Physical and Sensory Disability Database, Personal Assistant Services and consultation mechanisms with people who have a Physical and Sensory Disability.

LETTER OF DETERMINATION FUNDING 2004

<table>
<thead>
<tr>
<th>SERVICE OBJECTIVES</th>
<th>ACTIONS TO ACHIEVE OBJECTIVES</th>
<th>L.O.D FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>As per Objective I, Section 9.2.3.2</td>
<td>To provide additional hours of Home and Personal Support through the Board’s Home Help Service and through the Personal Assistance Service</td>
<td>€ 0.170M</td>
</tr>
<tr>
<td>As per Objective I, Section 9.2.3.2</td>
<td>To address core deficit funding in a number of voluntary organisations</td>
<td>€ 0.156M</td>
</tr>
<tr>
<td>As per Objective v, Section 9.2.3.2</td>
<td>To continue the roll out of the work on the National Physical and Sensory Disability Database (NPSDD) which will include establishing a management structure for the NPSDD and NIDD.</td>
<td>€ 0.257M</td>
</tr>
<tr>
<td>As per Objective I, Section 9.2.3.2</td>
<td>To allocate €0.20m to Cheshire Services to contribute to sick pay scheme</td>
<td>€ 0.020M</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>€0.603M</strong></td>
</tr>
</tbody>
</table>

9.2.3.4 KEY ISSUES FOR THE YEAR AHEAD

Apart from the generic key issues identified in the CEO’s Statement and Overview (Section 1) the following are specific to Physical and Sensory Disability Services: -

- Securing additional funding to provide services for People with Acquired Brain Injury
- Responding to client and family expectations for increased service provision
- Resources to maintain services currently being provided by employees of Community Employment Schemes
- Agreeing and finalising core funding deficits with voluntary organisations
- Demands placed on the Board with the introduction of new Disability legislation
- Significant resource implications with the introduction and implementation of the new National Standards for Disability Services

9.2.3.5 MONITORING MECHANISMS AND EVALUATION

MONITORING MECHANISMS

Apart from the generic monitoring mechanisms referred to in the CEO’s Overview (Section 1), Care Group specific monitoring mechanisms take place by the Board’s Regional Co-ordinating Committee for Physical and Sensory Disability which membership consists of People with a Physical and Sensory Disability, disability representative bodies, voluntary agencies and NWBH professionals and service providers.

EVALUATION

- Complete the Evaluation of the Irish Wheelchair Association’s (IWA) Day Activity Resource Centres
- Undertake an Evaluation of Early Intervention Services in conjunction with the Board’s Public Health Department
Undertake an Evaluation of the Acquired Brain Injury Training Programme in conjunction with the Board’s Training and Occupational Support Service.

9.2.3.6 RESEARCH, QUALITY AND VALUE FOR MONEY (VFM) INITIATIVES

RESEARCH

- Conduct research into best practice models into the integration and involvement of People with a Disability in integrated recreation clubs.
- Complete research into physical activity for People with a Disability in conjunction with the Sports Partnerships in the North West.
- Support Leitrim Association for People with Disabilities in their training and research programme to identify service users’ needs.

VALUE FOR MONEY (VFM) INITIATIVES

In addition to the generic/corporate VFM initiatives as referred to in the CEO’s Statement and Overview (Section 1), the following is specific to Physical and Sensory Disability Services:

- Develop procurement policies to ensure equity of aids and appliances provision.
- Implement the Board’s House Keeping and Cleaning Standards in all settings.
- Analyse the Physical and Sensory Disability Database information to further understand the needs of people with a physical and sensory disability and to improve service user information to increase efficient use of resources.

QUALITY

- Audit the NWHB Guidelines on Accessible Buildings in three NWHB facilities.
- Commence the implementation of the recommendations of the evaluation of the Integrated Education Centre, Sligo.
- To continue the work of the NWHB Disability Standards Committee in preparation for the publication of the National Standards for Disability Services.

KEY POINTS OF NOTE/KEY RESULT AREAS 2004

- Increase Home and Personal Support Services.
- Further develop services for People with Acquired Brain Injury.
- Progress the development of independent living skills apartments in Sligo.
- Continue work on the National Physical and Sensory Disability Database.
- Undertake an evaluation of Early Intervention Services.
- Further develop training and advocacy services.
- Produce information booklet on services for adults with a Physical and Sensory Disability.
- Improve access to NWHB Buildings.
9.3. PERSONS WITH A LEARNING DISABILITY

9.3.1. CONTEXT

ROLE AND PURPOSE

The Learning Disability Services in the North Western Health Board strives to provide quality services for children, adults and older people with a Learning Disability working in partnership with service-users, families/carers, advisory committees and other statutory and non-statutory organisations and groups.

The Board provides a range of counselling, therapeutic, home support, respite, day and residential services to support people with a learning disability and their carers achieve their full potential. This is achieved in partnership with People with a Learning Disability, families and carers, Consultative and Developmental Committees and other statutory and non-statutory organisations and groups.

NATIONAL AND REGIONAL POLICY FRAMEWORK

This service plan is influenced by legislation and a variety of other local and national policies, some of which include:

- Enhancing the Partnership (1997)
- National Children's Strategy (2000)
- Best Health for Children (1999)
- Primary Care - A New Direction (2001)

NEEDS ANALYSIS

The Board’s Learning Disability Service has undertaken two comprehensive Needs Assessment Studies (NAS) during 2000 and 2001 to identify the future needs of service users and their families/carers and to inform and guide the development and delivery of services for People with Learning Disabilities. A key priority during 2004 will be the production of a Strategy for Learning Disability Services based on the findings of these Needs Assessment Studies.

The National Intellectual Disability Database (NIDD) also provides detailed information on the current and future needs of service users in the area. Based on information from the NIDD (October 2003), 1,836 (Sligo/Leitrim N= 892, Donegal N= 944) people have been identified as having a learning disability in the region. This represents an overall decrease of 20 service users on the previous year. This figure fluctuates continually due to deaths, emigration and births. A review was carried out for the June 2003 update in relation to individuals meeting the registration criteria, which resulted in a number of people in the borderline/mild category being removed from the NIDD. The following charts outline the current profile of people with a Learning Disability in the area.

This plan should be read in conjunction with the CEO’s Statement and Overview (Section 1) and the Population Health (Section 3) of this Service Plan.
67% (1,221) of People with a Learning Disability are aged between 19 and 64 years, with 29% (537) under 18 years and 4% (78) over 65 years. Not all children with a learning disability are registered on the National Intellectual Disability Database, particularly those under 6 years.

Of the total population identified with a learning disability, the majority of people 631 (34%) have been diagnosed as having a moderate disability, 617 (34%) individuals are registered as mild, 281 (15%) are registered as severe and 50 (3%) individuals have been identified as having a profound learning disability. The remaining 257 (14%) include 193 (10.5%) people who have not yet been verified, 56 (3%) borderline and 6 (0.5%) people who are within the normal IQ range but have lower social functioning.

Currently, 1,248 (68%) People with a Learning Disability are living at home, 356 (19%) are living in residential services and 225 (12%) are living in community group homes. The remaining 7 (0.4%) individuals receive other residential services.

9.3.2. BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

The Board provides a range of counselling, therapeutic, home/community/family support, respite, day and residential services to support people with a learning disability and their carers achieve their full potential.

Services required by people with a learning disability and their families include:

- Support and Advice to Families
- Home / Community / Family Support Services
- Early Intervention Services
- Autism Services
- Special and / or integrated educational facilities
- Day Care Services
- Social and Recreational Clubs
- Training and Occupational Support Services
- Special & / or integrated mainstream pre-school services
Where it is not possible for a person with a learning disability to live with his/her family, or where the family is not in a position to provide full time care, the services required range from:

- Day and or overnight respite accommodation
- Home Support
- Shared Care
- 5 day or 7 day accommodation in either a residential unit or community group home.

**ACHIEVEMENTS 2003**

- Significant investment in minor capital and equipment resulting in purchase of equipment, mini buses and improvements to facilities
- Special Olympics World Summer Games in Ireland increased awareness of special needs and provided an excellent opportunity for volunteerism in the North West.
- Events associated with European Year of People with Disabilities
- Increase in home and personal support services
- Opened a large extension to Inbhear na Mara, Bundoran Residential Unit
- Opened Cashel na Cor Resource Centre, Inishowen
- Extension of Iona Transition Day Programme, Sligo
- Opened Dartry Delights Coffee Shop, Kinlough – providing work opportunities for People with a Learning Disability
- Opened new Integrated After school Club for Children with Autism in Sligo
- Appointed Locum Consultant Psychiatrist with a special interest in Learning Disability in Sligo/Leitrim and NCHD Doctor
- Mental Handicap Nursing Undergraduate Degree Programme established in Letterkenny Institute of Technology
  > 19 student nurses successfully completed clinical placements in Donegal Learning Disability Services
- Donegal Autism Service involved in national pilot of Disability Standards
- Completion of an extensive piece of research into the need of autistic children and their families
- Agreement with Cloonmahon Partnership on the future reconfiguration of services
- Progressed Computerised Care Management System for Learning Disability Services and designed new Learning Disability Web Page

**9.3.3 THE YEAR AHEAD**

**9.3.3.1 2003 ACTIONS ONGOING INTO 2004**

- Purchase of a respite facility in Dungloe as the identified facility did not meet the Respite Services minimum accommodation standards. An option appraisal has now been completed and a preferred option identified for a new respite facility.
- Opening of a Respite unit in Dromahair. An option appraisal on the proposed Children's Respite facility in Dromahair was completed during 2003. This process identified that the greatest immediate need for a new respite unit was in the North Sligo area and a preferred option has now been identified.
- New respite service at Ballymacool, Letterkenny was delayed in 2003; refurbishment work will be completed by July 2004.
- Reconfiguration of pre-school services at College Farm Road, Letterkenny was not completed during 2003. An optional appraisal was completed on the centre, which identified that a new facility off site was the most appropriate option. The Board in consultation with the Donegal County Child Care Committee and other community groups are compiling an application for funding to be submitted to the Department of Justice, Equality and Law Reform
- The planning process to develop a day service to meet the needs of 10 individuals with high support needs in Letterkenny will continue. An option appraisal was completed in
2003 and the preferred option chosen was a new purpose built project.

- An option appraisal on day service provision in Carradonagh was completed in 2003. The Donegal Learning Disability Service will work in partnership with the Parents & Friends to develop the old school house, which was the preferred option.

9.3.3.2 AIMS AND OBJECTIVES

i) To maintain current service provision in all services and to review and evaluate current practice in an effort to maximise existing resources (Q&F Action 50, 51, 52, 68, 70, 73 & 104)

ii) To ensure that People with a Learning Disability and or Autism have access to appropriate, local, flexible, person centred home support and respite services (Q&F Action 51 & 53)

iii) To ensure that People with a Learning Disability have access to appropriate health monitoring and preventative care (Q&F Action 5, 11, 14, 19, 25 & 45)

iv) To ensure that more People with a Learning Disability and/or Autism have access to appropriate, local, flexible, person centred community services (Q & F Action 49, 50 & 51)

v) To ensure that People with a Learning Disability and/or Autism have access to appropriate, person centred accommodation (Q&F Action 19, 26, 49, 50, 51 & 51)

vi) To provide accommodation for emergency assessment and treatment for People with a Learning Disability and/or Autism (Q&F Action 51 & 53)

vii) To ensure that People with a Learning Disability and/or Autism have access to appropriate, local, flexible, person centred day services (Q&F Action 51 & 53)

viii) To plan appropriate services for individuals with Downs Syndrome aged over 40 years who may be susceptible to developing dementia (Q&F Action 11 & 26)

9.3.3.3 ACTIONS TO MEET OBJECTIVES

Objective i): To maintain current service provision in all services and to review and evaluate current practice in an effort to maximise existing resources (Q & F Action 50 & 51, 52, 66, 70, 73 & 104)

- Area planning groups will be established in each of the AMO areas throughout Donegal to co-ordinate service delivery and development (Q & F Action 68 & 70)

- Complete research to determine the service needs of People with Learning Disability who offend (Q & F Action 73)

- Further develop mechanisms for consumer involvement with People with a Learning Disability, their families and carers (Q&F Action 52)

- Further develop the Person Centred Planning (PCP) approach to support active participation of individuals and families in shared decision making about their own health and health care (Q & F Action 50 & 51)

- Continue disability awareness training with staff and other groups (Q & F Action 19)

- Develop and implement service level agreements with voluntary providers (Q & F Action 72)

- Prepare services for the introduction of the National Standards for Disability Services

- Increase the level of inter-disciplinary working between professionals within the Learning Disability Service (Q & F Action 104)

Objective ii): To ensure that People with a Learning Disability and/or Autism have access to appropriate, local, flexible, person centred home support and respite services (Q & F Action 51 & 53)

- Maintain current home support and respite services based on existing levels and provide additional hours of home support (Q & F Action 51 & 53)
Objective iii): To ensure that more People with a Learning Disability and/or Autism have access to appropriate health monitoring and preventative care (Q & F Action 5, 11, 14, 16, 19, 25 & 45)

- Identify clients requiring generic screening services e.g. mammograms, cervical smears and testicular screening and develop action plan in consultation with appropriate medical staff (Q & F Action 11)
- Develop a Sexual Health Strategy for children and adults with a Learning Disability (Q & F Action 16)
- Develop guidelines on the protection of vulnerable adults (Q & F Action 19)
- Strengthen partnership working with Primary Care Services to ensure service users' needs are met (Q & F Action 45)
- Ensure clients have appropriate access to Mental Health Services (Q & F Action 25)
- Identify community based organisations and voluntary bodies who provide physical activity/fitness programmes and enable clients access programmes of their choice (Q & F Action 5)
- Liaise with other Board service providers to plan and develop children's assessment and treatment centres in Sligo and Donegal (Q & F Action 14)

Objective iv): To ensure that People with a Learning Disability and/or Autism have access to appropriate, local, flexible, person centred community services (Q & F Action 49, 50 & 51)

- Plan for future autism service developments based on findings of NWBH Autism research and other relevant information and establish regional steering committee to progress agreed actions
- Increase level of home and multidisciplinary supports to Children with Autism in Sligo / Leitrim and West Cavan
- Appoint two autism staff and one speech and language therapist in the Sligo/Leitrim and West Cavan (Q & F Action 50 & 51)
- Further develop after school social and leisure activities for four children/adolescents in Leitrim (Q & F Action 51)
- Conduct training for parents and autism team in TEACCH training, PECS training, behavioural intervention, play therapy, and personal outcomes (Q & F 51)
- Continue to work in partnership with Department of Education and Science to further develop autism specific educational services for children (Q & F Action 49, 50 & 51)
- Develop an after school homework programme in partnership with Department of Education and Science (Q & F Action 49, 50 & 51)
- Develop policies and procedures for specialist pre-schools across the region
- Continue the planning for the development of integrated pre-school projects in the following areas: Sligo town, Letterkenny, Donegal town, Buncrana
- Reconfigure the College Farm Road specialist pre-school in Letterkenny to meet pre-school regulations and environmental health standards
- Continue grant aid to mainstream pre-schools
- Appoint two community nurse facilitators, one in Donegal and one in Sligo/Leitrim and West Cavan to work with the respective multidisciplinary teams (Q & F Action 50 & 51)
- Recruit an additional 10 families to the Home to Home Scheme
- Compile a strategy to support existing sports and recreation clubs and to support the development of new clubs. An audit of sporting facilities in each Host town/area will be completed. The continued secondment of a NWBH staff member to Special Olympics will also take place.
Financial Statement & Service Plan 2004

Persons with a Learning Disability

- Plan services to address the needs of adults who offend and require additional specialised therapeutic services, including multidisciplinary and cross agency co-operation.

**Objective v): To ensure that more People with a Learning Disability and/or Autism have access to appropriate, person centred accommodation (Q & F Action 19, 26, 49, 50, 51 & 53)**

- Develop a strategy for the planned relocation of clients in residential centres to new community-based accommodation and other housing options (Q & F Action 26, 50, 51 & 53)
- Plan for the relocation of ten service users to a new community group home in Enniscrone (Q & F Action 26, 50, 51 & 53)
- Continue to develop the housing project in Stranolar in partnership with the Donegal Parents and Friends Housing Association (Q & F Action 51 & 53)
- Continue to plan for the relocation of 16 People with a Learning Disability currently residing in the Sean O’Hare Unit who have intensive medical and physical needs (Q & F Action 51 & 53)
- Provide access to alternative therapies e.g. reflexology, aromatherapy, dramatherapy (Q & F Action 19)
- Develop plans for the relocation of 15 Cloonamahon residents to a community group home in South Sligo (Q & F Action 53)
- Continue to plan the development of accommodation in partnership with North West Housing to meet the needs of 12 individuals with high support needs currently residing at the James Connolly Memorial, Unit, Carronagh (Q & F Action 53)
- Continue to work with other statutory organisations to develop a co-ordinated approach to housing needs (Q & F Action 53)

**The following actions will address the needs of service users currently on waiting lists for community group homes:**

- Re-profile community group home in Carrick-on-Shannon for five People with a Learning Disability (Q & F Action 51 & 53)
- Develop a semi-independent living programme in Sligo town to facilitate the relocation of five People with a Learning Disability to live independently (Q & F Action 49 & 50)
- Plan and progress the development of a community group home in the south Leitrim area for seven People with a Learning Disability (Q & F Action 49 & 50)
- Conduct an option appraisal to reconfigure Children’s Services based at Cregg House (Q & F Action 49, 50, 51 & 53)
- Complete a minor works programme at Piermont House, Dungloe to address changing needs of service users and to meet Board Health & Safety Standards (Q & F Action 53)
- Provide accommodation for two service users with high support needs currently residing outside the jurisdiction (Q & F Action 53)
- Provide a community group home for four adults in the Carronagh area who currently access respite on a 5-day per week basis (Q & F Action 53)
- Provide more appropriate accommodation for one adult currently residing in a nursing home in Donegal (Q & F Action 53)
- Provide residential accommodation for two children and one young adult with high dependent needs in Donegal (Q & F Action 53)
- Further progress the development of residential accommodation for six adults with a learning disability currently resident in St Conal’s Hospital, Letterkenny (Q & F Action 53)

**Objective vi): To provide accommodation for emergency assessment and treatment for People with a Learning Disability (Q & F 51 & 53)**

- Establish a project group to plan and develop an emergency service configuration that meets clients and service needs (Q & F Action 51 & 53)
- Designate four beds within Cloonamahon Services and the Sean O’Hare Unit for emergency assessment and treatment for service users (Q & F Action 51 & 53)

**Objective vii): To ensure that adults with a Learning Disability have access to appropriate, local, flexible, person centred day services (Q & F Action 51 & 53)**
- Develop a comprehensive day programme for 37 school leavers (Q & F Action 51)
- Develop an appropriate day programme for current IONA programme participants (Q & F Action 53)
- Continue the IONA transition programme at Cregg House Cloonamahon Services and to consider the development of a similar model in Donegal (Q & F Action 53)
- Plan a training programme in partnership with Training and Occupational Support Services for ten service users who have a moderate to severe learning disability (Q & F Action 51)
- Review health and safety standards in Gniomh Lann, Sligo Resource Centre, Activation Unit based at Sean O'Hare Unit and the Cleary Centre (Q & F Action 53)

**Objective viii): To plan appropriate services for individuals with Downs Syndrome aged over 40 years who may be susceptible to developing Dementia (Q & F Action 11 & 26)***

- Undertake screening of service users with Down Syndrome over 40 years of age susceptible to developing dementia (Q & F Action 11 & 26)
- Ensure the needs of people with dementia are considered in the development of a Regional Dementia Strategy/Action Plan (Q & F Action 26)
- Plan a regional conference on Dementia in conjunction with the Board's Nursing and Midwifery Unit and the National Council on Nursing & Midwifery (Q & F Action 26)

### ACTIVITY

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>OUT-TURN 2003</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>DL</td>
</tr>
<tr>
<td><strong>HOME AND PERSONAL SUPPORT SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average no. of people in receipt of Home Help Service</td>
<td>316</td>
<td>220</td>
</tr>
<tr>
<td>No. of Home Help hours provided</td>
<td>59,499</td>
<td>21,902</td>
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<tr>
<td>No. of people in receipt of a Carer Support Service</td>
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<td>17</td>
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<tr>
<td>No. of Carer Support hours provided</td>
<td>6,479</td>
<td>5,190</td>
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</table>

Comments: Additional Home Help hours will be provided in 2004, hence increased activity targets as outlined above.

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<tr>
<th>CATEGORY</th>
<th>OUT-TURN 2003</th>
<th>TARGET 2004</th>
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<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>DL</td>
</tr>
<tr>
<td><strong>DAY SERVICES</strong></td>
<td></td>
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</tr>
<tr>
<td>No. of people in receipt of Day Services</td>
<td>606</td>
<td>264</td>
</tr>
<tr>
<td>No. of Day Service attendances</td>
<td>111,629</td>
<td>42,891</td>
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<tr>
<td><strong>RESpite SERVICES</strong></td>
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<tr>
<td>No. of people in receipt of Respite Services</td>
<td>224</td>
<td>130</td>
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<tr>
<td>No. of respite hours provided</td>
<td>275,578</td>
<td>165,906</td>
</tr>
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</table>

**HOME TO HOME SCHEME**

| No. of people in receipt of Home to Home | 24 | 5 | 19 | 34 | 9 | 25 |

**AUTISM SERVICES**

| No. of people in receipt of Autism Services | 176 | 118 | 58 | 176 | 118 | 58 |

Comments: 2004 targets are based on 2003 out-turn.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>OUT-TURN 2003</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>DL</td>
</tr>
<tr>
<td><strong>RESIDENTIAL/COMMUNITY GROUP HOME SERVICES</strong></td>
<td></td>
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</tr>
<tr>
<td>No. of people in receipt of Residential Care Services</td>
<td>346</td>
<td>95</td>
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PERFORMANCE INDICATORS

The relevant Performance Indicators from the National Suite against which the Board will report in 2004 are as follows: ID1 – ID4 inclusive. These can be summarised as having a focus on person-centred care plans, Hepatitis B, National Intellectual Disability Database and methodologies to elicit People with a Learning Disability, their families and carers views.

LETTER OF DETERMINATION FUNDING 2004

<table>
<thead>
<tr>
<th>SERVICE OBJECTIVES</th>
<th>ACTIONS TO ACHIEVE OBJECTIVES</th>
<th>L.O.D FUNDING</th>
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</thead>
<tbody>
<tr>
<td><strong>As per Objective vi)</strong></td>
<td>The funding will be allocated towards the provision of emergency placements to meet the needs of service users in a variety of different settings, namely in the Board’s residential services. The recruitment of the following staff will be crucial to this service development:</td>
<td>€ 0.550M</td>
</tr>
<tr>
<td><strong>Section 9.3.3.3</strong></td>
<td>• 32 wte nursing, care assistant and therapy staff</td>
<td></td>
</tr>
<tr>
<td><strong>As per Objective vi)</strong></td>
<td>The funding will be allocated towards the provision of new day places for 37 school leavers across the region. The recruitment of the following staff will be crucial to this service development:</td>
<td>€ 0.333M</td>
</tr>
<tr>
<td><strong>Section 9.3.3.3</strong></td>
<td>• 17 wte nursing and care staff</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>€0.883M</td>
</tr>
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9.3.3.4 KEY ISSUES FOR THE YEAR AHEAD

Apart from the generic key issues identified in the CEO’s Statement and Overview (Section 1) the following are specific to the Learning Disability Service:

- Implications of new Disability legislation for the Board's services
- Significant resource implications with the introduction and implementation of the new National Standards for Disability Services
- Increasing number of clients with challenging behaviour in community and residential units
- Increasing number of clients requiring emergency placements
- Core deficiency funding issue with voluntary organisations
- The large numbers of school leavers/key transition placements
- Cost pressures due to emergency cases/placements
- Uncertainty surrounding the mainstreaming of Community Employment Schemes

9.3.3.5 MONITORING MECHANISMS AND EVALUATION

Apart from the generic monitoring mechanisms referred to in the CEO’s Overview (Section 1), Care Group specific monitoring mechanisms take place by the Board’s Persons with a Learning Disability Consultative and Development Committees whose membership includes parents, voluntary organisations, and NWHB service providers.

EVALUATION

- Undertake an evaluation of the Early Intervention Service
9.3.3.6. RESEARCH, QUALITY AND VALUE FOR MONEY (VFM) INITIATIVES

RESEARCH

- Undertake an evaluation of Respite Services
- Conduct an option appraisal to reconfigure Children's Services at Cregg House
- Conduct an optional appraisal on the development of a Iona type programme in Donegal

QUALITY

- Complete research into People with a Learning Disability who offend
- Undertake needs assessment of People with Downs Syndrome aged over 40 years
- Identify the generic health screening needs of People with a Learning Disability
- Identify best practice models for delivering emergency care

VALUE FOR MONEY (VFM) INITIATIVES

In addition to the generic VFM initiatives as referred to in the CEO's Statement and Overview (Section 1). The following is specific to Learning Disability Services:

- Further development of validated service activity information to ensure appropriate monitoring of services

KEY POINTS OF NOTE/KEY RESULT AREAS IN 2004

- Increase Home and Personal Support Services
- Provide emergency placements to meet the needs of service users
- Provide 37 new day places for school leavers and extend existing Day Services
- Further develop Community and Autism Services
- Continue to re-configure Cloonamahon Services
- Progress the housing development in Stranorlar in partnership with Donegal Parents and Friend's Housing Association
- Improve health screening for People with a Learning Disability
- Open additional Community Group Homes
- Produce a NWBH Learning Disability Strategy
- Plan appropriate services for People with Downs Syndrome who may be susceptible to developing Dementia
- Implement Learning Disability Computerised Care Management System
Financial Statement & Service Plan 2004  
Training and Occupational Support Services

9.4. TRAINING AND OCCUPATIONAL SUPPORT SERVICES

9.4.1. CONTEXT

ROLE AND PURPOSE

The Training and Occupational Support Service provides a broad range of training and work programmes for people with disabilities, in accordance with their individual needs. Individual needs are defined through a person centred occupational guidance process and the programmes are provided by the Board’s Training Services and by voluntary providers.

NATIONAL AND REGIONAL POLICY FRAMEWORK

The service is influenced by legislation and a variety of other local and national policies. The key national policy influences are:

- Standard for Training and Development for People with Disabilities, QA00/01
- Training Specification Framework Standards No. QA58/01

NEEDS ANALYSIS

The following needs assessment information influences the Training and Occupational Support Services planning:

- Learning Disability Services Needs Assessment Surveys (2000) and (2001)

9.4.2. BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

The target population group for the Training and Occupational Support Service are people aged 16 years and over, who are socially, culturally and/or economically disadvantaged as a result of a physical, sensory, learning, mental health or emotional impairment and who experience any restrictions or difficulty in their capacity to participate in mainstream training and/or employment. The programmes are delivered directly by NWHB training centres and sheltered work centres. Voluntary service providers are also contracted to provide specific programmes. The following is a brief overview of the programmes on offer:

REHABILITATIVE TRAINING PROGRAMME

Rehabilitative training programmes for people with disabilities are designed to equip participants with the basic personal, social and work related skills that will enable them to progress to greater levels of independence and integration. These programmes are provided by a variety of Board and voluntary providers.

SHELTERED WORK PROGRAMMES

Sheltered work programmes are designed to provide people with disabilities with structured occupational activity, usually in a sheltered setting, with the objective of maintaining and enhancing the core capacities and quality of life of people with disabilities.

This plan should be read in conjunction with the CEO’s Statement and Overview (Section 1) and the Population Health (Section 3) of this Service Plan.
VOCATIONAL TRAINING
The Training and Occupational Support Service manage the NWB contract with Fás to provide vocational training to people with disabilities. Currently, the Board’s Training Services deliver four vocational training programmes.

SUPPORTED EMPLOYMENT
The Training and Occupational Support Service is the lead partner in a regional consortium that manages a contract with Fás to provide a supported employment project for people with disabilities in the North West region. This programme is currently supporting 92 people with disabilities in mainstream paid employment in the open labour market.

TRAINING AND OCCUPATIONAL SUPPORT SERVICES
To ensure equity, person-centeredness, quality and accountability in the delivery of these programmes, the Training and Occupational Support Service delivers the following services:

- Standards and Monitoring Service, which develops and monitors quality standards in training and work programmes
- Occupational Guidance Service to ensure that people with disabilities have access to a quality occupational planning service that enables them to set personal learning objectives, develop training strategies and identify realistic options for progression
- Programme research and development service specific to training and supported work programmes for people with disabilities
- Area-based (A.T.E.S.T.) planning service which plans, co-ordinates and delivers training and occupational support services for people with disabilities

ACHIEVEMENTS 2003
- Achieved accreditation status for all centres
- Significantly reduced waiting list for Occupational Guidance Services
- New pilot training programme in Donegal for people with acquired head injury
- Designed new staff training programme in line with the principles of pending Code of Practice on Sheltered Occupational Services

9.4.3 THE YEAR AHEAD

9.4.3.1 2003 ACTIONS ONGOING WORK INTO 2004
- The evaluation of the pilot A.T.E.S.T. planning process was completed in September 2003 and further implementation of these findings will take place in 2004
- A rehabilitative training programme to meet the needs of ten people with a brain injury programme commenced at the end of September 2003. Due to resource constraints this programme commenced with four participants.

9.4.3.2 AIMS AND OBJECTIVES FOR 2004

i) To manage the delivery of all training programme within existing levels of funding (Q & F Action 35 & 68)

ii) To develop the area-based approach to co-ordination, planning and delivery of training and work programmes to people with disabilities (A.T.E.S.T.), as recommended in the 2003 evaluation of ‘Partnership The Way Forward’ (Q & F Action 68)

iii) To deliver a standards and monitoring service to monitor compliance with national standards and to develop and monitor local quality standards in training and work programmes (Q & F Action 63)

iv) To provide an Occupational Guidance Service to all people referred to the Training and Occupational Support Service (Q & F Action 35, 44, & 51)

v) Support 2004 programme planning and development through maintaining data on the client target group, researching models of good practice, networking,
Financial Statement & Service Plan 2004 Training and Occupational Support Services

initiating pilot programmes to respond to identified need and supporting ongoing evaluation and related support services to the programme providers (Q & F Action 35, 63 & 68)

vi) To design, implement and evaluate a service plan for Training and Occupational Support Service for people with disabilities in the North West region (Q & F Action 35, 63 & 68)

9.4.3.3 ACTIONS TO MEET OBJECTIVES

Objective I) To manage the delivery of all training programme within existing resources (Q&C Action 35 & 68)

- Evaluate the service provision and distribute service places based on 2003 uptake and identified need (Q & F Action 35 & 68)
- Reallocate rehabilitative training places to facilitate the development of brain injury programme in Donegal (Q & F Action 68)
- Continue to identify the demand for programmes and reallocate resources to address needs (Q & F Action 68)

Objective II) To develop the area-based approach to co-ordination, planning and delivery of training & work programmes to people with disabilities (A.T.E.S.T.), as recommended in the 2003 evaluation of 'Partnership The Way Forward' (Q & F Action 68)

- Plan the development of three further A.T.E.S.T.'s in 2004, two in Donegal and one in Sligo/Leitrim
- Develop a plan for service user involvement in the Letterkenny A.T.E.S.T. groups

Objective III) To deliver a standards and monitoring service to monitor compliance with national standards and to develop and monitor local quality standards in training and work programmes (Q & F Action 63)

- Conduct six monthly monitoring visits to all service providers to ensure compliance with the relevant operating guidelines, codes of practice and standards
- Support all training providers to attain national accreditation QA00/01 and comply with all other local and national standards
- Engage with the National Disability Authority (N.D.A.) in relation to the position of Training and Occupational Support Service in the soon to be published National Standards for Disability Services
- Assist the regional supported employment project in complying with FAS operating guidelines

Objective IV) To provide an Occupational Guidance Service to all people referred to the Training and Occupational Support Service (Q & F Action 35, 44 & 51)

- Ensure that current waiting lists are eliminated by the end of quarter one
- Disseminate programme information to all schools before end of quarter one and encourage early referral of 2004 school leavers (Q & F Action 44)
- Work closely with the relevant care groups in relation to referral of clients who are registered with their service (Q & F Action 51)
- Hold annual review meetings with all clients who commenced rehabilitative training programmes in 2003. Identify a client perspective in the evaluation and further development of these programmes and identify and plan for progression options that clients are envisaging
- Deliver an occupational guidance service to clients, currently in sheltered work services, and who have not been seen by an occupational guidance officer (Q & F Action 35)
- Further develop the relationship with FAS to address issues around client referrals and identification of gaps in progression routes
Objective v) Support 2004 programme planning and development through maintaining data on the client target group, researching models of good practice, networking, and initiating pilot programmes to respond to identified need (Q & F Action 30)

- The Training and Occupational Support Service in partnership with other relevant agencies will hold a seminar in 2004 to highlight good practice in the field, with a particular emphasis on working in partnership to achieve a high quality seamless service
- Continue to facilitate the development of the pilot rehabilitative training programme for people with an acquired brain injury and evaluate same (Q & F Action 30)
- Research models of good practice in rehabilitative training for people with autism and in close consultation with the autism services prepare a programme specification for consideration for delivery within existing resources
- In partnership with the European Leonardo da Vinci project work with local service providers to pilot the first peer mentoring training programme
- Continue to work in partnership with mainstream services and employers to promote the inclusion of people with disabilities in the workplace
- Actively participate in employer awareness activities
- Continue the implementation of the Board's new Code of Practice on the Employment of People with Disabilities in close conjunction with Board service providers

Objective vi) To design, implement and evaluate a Service Plan for Training and Occupational Support Services for People with Disabilities (Q & F Action 72 & 117)

- Operate the new database for rehabilitative training and sheltered work programmes (Q & F Action 117)
- Maintain existing databases on referrals and additional programmes (Q & F Action 117)
- Negotiate and put in place service level agreements with all service providers for 2004 provision (Q & F Action 72)
- Manage the vocational training and supported employment contract with FAS (Q & F Action 72)

ACTIVITY

<table>
<thead>
<tr>
<th>CATEGORY: TRAINING &amp; OCCUPATIONAL SUPPORT SERVICES</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAMMES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of Rehabilitative training places</td>
<td>209</td>
<td>132</td>
<td>77</td>
<td>209</td>
</tr>
<tr>
<td>No. of vocational training places</td>
<td>35</td>
<td>28</td>
<td>6</td>
<td>28</td>
</tr>
<tr>
<td>No. of people on supported employment (FAS)</td>
<td>92</td>
<td>-</td>
<td>-</td>
<td>92</td>
</tr>
</tbody>
</table>

Comments:
All training targets were achieved in 2003 with the exception of vocational training places.

*Under Negotiation

LETTER OF DETERMINATION FUNDING 2004

No additional funding was allocated in the 2004 Letter of Determination in respect of Training and Occupational Support Services.

9.4.3.4 KEY ISSUES FOR THE YEAR AHEAD

Apart from the generic key issues identified in the CEO's Statement and Overview (Section 1) the following are specific to this service:
Reconfiguration of Sheltered Work Services in line with good practice

Implications of introducing the new Code of Practice for Sheltered Work

Wider gap developing between sheltered work and supported employment resulting in reduced opportunity for progression into different levels of employment.

Increasing demand to provide rehabilitative training to higher dependency groups, i.e. people that require more than 1:10 ratio of trainer to trainee which existing programmes are resourced for

Increasing number of students with disabilities leaving mainstream school and requiring more individual, community based services

Implications of the new national database for rehabilitative training and sheltered occupational services

9.4.3.5. MONITORING MECHANISMS AND EVALUATION

EVALUATION

Apart from the generic monitoring mechanisms referred to in the CEO’s Overview (Section 1), Care Group specific monitoring mechanisms take place by the following:

- The Training and Occupational Support Services will monitor all relevant rehabilitative training and sheltered work programmes in line with local and national guidelines
- All rehabilitative training providers are assessed by external assessors against the national standard for Training and Development for People with Disabilities QACO/01
- The Department of Health & Children will monitor uptake of rehabilitative training and sheltered work places on a quarterly basis, using the new national database

9.4.3.6. RESEARCH, QUALITY AND VFM INITIATIVES

RESEARCH

- Training and Occupational Support Service will research best practice in the area of:
  > Sheltered work
  > Engaging with the wider community
  > Involving service users and/or parents or guardians in the ongoing evaluation and development of services Peer mentoring processes
  > Peer monitoring processes
  > Advocacy training for people with disabilities (Q & F Action 68)

Training and Occupational Support Service will continue to research good practice in the area of training and work for people with an acquired brain injury, to support the pilot rehabilitative training programme. Models of good practice in the area of training and work for people with autism will be researched to inform the development of a rehabilitative training programme for that target group.

QUALITY

- Develop an interim quality standard for sheltered work, based on the pending code of practice (Q&F Action 35)
- Continue to develop the peer monitoring process to support continuous quality improvement in training and work programmes
- Explore the feasibility of making an application for the new and innovative European Quality Mark in Rehabilitation (EQMR)

VALUE FOR MONEY (VFM) INITIATIVES

Generic/corporate VFM initiatives are referred to in the CEO’s Statement and Overview (Section 1).
KEY POINTS OF NOTE/KEY RESULT AREAS IN 2004

- Continuation of existing training programmes
- Deliver a standards and monitoring service
- Introduce new database for rehabilitative training and sheltered work programmes
- Continued implementation of ATEST
- Reduce waiting list for Occupational Guidance Service
- Pilot peer mentoring programme
- Implementation of the Board’s new Code of Practice on the Employment of People with Disabilities
10. SOCIAL INCLUSION

10.1 CONTEXT

Social exclusion is what can happen when people, or areas, suffer from a complex combination of interconnected multi-dimensional problems, which can lead to a cycle of disadvantage that persists throughout people's lives. Social exclusion is the inability to access, participate and benefit equally from a range of services such as education, health, housing and the labour market. Social exclusion is a human, economic, social justice, equality, governance and community development issue.

In contrast, the greater the social inclusion experience of the population, the greater the health benefits. Many studies have proven the link between good health, longevity of life and social inclusion.

It is therefore beneficial for the Board and the population it serves to champion social inclusion. This can be achieved by adapting our working philosophies and practices and by supporting greater access to and participation in health services.

In accordance with the Government's geographically targeted social inclusion programmes: RAPID (Revitalising Areas by Planning, Investment and Development) Programme for urban areas and CLÁR (Programme for Revitalising Rural Areas), the Board pays particular priority to the areas designated under these programmes (RAPID x Sligo Town and CLÁR x defined District Electoral Divisions throughout the region) within the region, in the context of social inclusion and in terms of maintaining and developing services within the financial constraints within which it operates. Specific initiatives relating to these areas are flagged within this overall Service Plan and the operational plans where possible.

In 2003, the Board placed a particular focus on social inclusion and its desire to champion it. A series of actions leading to the development of a Social Inclusion Action Plan linked to performance indicators and to National Anti Poverty Strategy 1997-2007 (NAPS) targets was proposed, but not realised. It is therefore proposed to develop these proposals/plans in 2004. (Q & F Action 18)

In championing social inclusion, supporting greater access to and participation in health services particularly for various groups that are recognised as 'vulnerable', 'at risk' and/or 'socially excluded' is critical. For the purposes of this Social Inclusion Service Plan the groups identified in particular in the North West region are:

- Travellers
- Refugees / Asylum Seekers
- Adult Homeless Persons
- Women Experiencing Domestic Violence.

Individual service plans are now presented in respect of each of these groups.
10.1 TRAVELLER HEALTH

10.1.1 CONTEXT

ROLE AND PURPOSE

The role and purpose of Traveller health services is to improve the health status of Travellers, including nomadic Travellers, in the North West region. This is achieved by impacting positively on the key health determinants for Travellers, by working in partnership with Travellers and other agencies.

NATIONAL AND REGIONAL POLICY FRAMEWORK

The principal policy and legislative framework guiding the provision of these services includes:

- Traveller Health A National Strategy (2002)
- Primary Care - A New Direction (2001)
- Quality and Fairness - A Health System For You (2001)
- The National Health Promotion Strategy 2000-2005
- The Equal Status Act (2000)

NWHB Strategies / Policies


NEEDS ANALYSIS

While it is difficult to precisely confirm the number of Travellers living in this region, information from the Local Authorities and Traveller Organisations in the region, as per Table 10.1.1 below, indicate that there are currently 280 families living in the area. However, this increases substantially at particular times of year, particularly during the summer period, when as many as 382 additional families may live here on a transient basis.

Table 10.1.1: Traveller Families in the NWHB Region

<table>
<thead>
<tr>
<th>County</th>
<th>Families Currently Resident</th>
<th>Transient/Nomadic Families</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donegal</td>
<td>163</td>
<td>191</td>
<td>354</td>
</tr>
<tr>
<td>Sligo</td>
<td>85</td>
<td>144</td>
<td>229</td>
</tr>
<tr>
<td>Leitrim</td>
<td>32</td>
<td>47</td>
<td>79</td>
</tr>
<tr>
<td>Total</td>
<td>280</td>
<td>382</td>
<td>662</td>
</tr>
</tbody>
</table>

Source: Local Authority & Traveller Organisation Representatives, December, 2003

A review of the Traveller age profile, carried out by Traveller Organisations in the region during 2002 indicates that of the Traveller population in the north west region, 44% are aged 0-14 years, with 55% aged 15-64 years and 1% aged over 65 years.

Factors which are recognised in Traveller Health A National Strategy 2002 - 2005 as contributing to the poor health status of Travellers include:

- poor access to and utilisation of health services

This plan should be read in conjunction with the CEO’s Statement and (Section 1) and Population Health section (Section 3) of this.
• social exclusion resulting in poverty; unemployment, educational disadvantage
• racism
• fragmented and often inappropriate response to the special needs of Travellers
• lack of awareness amongst Travellers of the value of preventative services
• the traditional policy of assimilating Travellers into the settled community which gives rise to 'institutional inertia' in terms of developing Traveller specific services and initiatives.

10.1.2 BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

Travellers access the broad range of Board, Primary Care, Community, Acute Hospital and Mental Health Services including:

• Public Health Nursing Services
• General Practitioner Services
• Immunisation Services
• Acute Hospital Services
• Community Welfare Services
• Dental Services
• Paramedical Services
• Mental Health Services.

In addition, in order to address health inequalities and to improve service uptake levels, Traveller Specific Services are delivered including:

• Designated Public Health Nursing Services
• Child Health Services via Area Medical Officer Services
• Dental Services
• Laundry Services.

Support is also provided to Projects / Groups aimed at improving Traveller participation in the planning, development and delivery of services including:

• Primary Health Care Project Donegal
• Primary Health Care Project in Sligo / Leitrim
• Traveller Health Unit
• Regional Traveller Health Authority etc.

<table>
<thead>
<tr>
<th>ACHIEVEMENTS 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Board staff training in Traveller culture</td>
</tr>
<tr>
<td>• Anti-Racist Code of Practice adopted and launched by the Board</td>
</tr>
<tr>
<td>• Training in Childhood Accident Prevention delivered to Travellers</td>
</tr>
<tr>
<td>• inter-agency Traveller Accommodation and Health Workshop</td>
</tr>
</tbody>
</table>

10.1.3 THE YEAR AHEAD

10.1.3.1 2003 ACTIONS ONGOING INTO 2004

• Implement a pilot project in relation to ethnic monitoring in accordance with national pilot and implementation programme of the National Health Information Strategy, i.e. advance ethnic monitoring pilot project in the context of national pilot project being undertaken by the ERHA (O & P Action 20, Traveller Health Strategy (THS) 8)
• Develop culturally appropriate health information/promotion materials for Travellers in conjunction with Traveller Organisations and Traveller representatives to include Ante-
10.1.3.2 Aims and Objectives

Aims and objectives are to:

i) Develop and support Primary Health Care Projects, Traveller Organisations and Traveller Support Groups (Q & F Action 20; Traveller Health Strategy [THS] 6/44/45/46)

ii) Encourage Partnership / Increase Participation (Q & F Action 20; THS 3/4/6)

iii) Promote good health (Q & F Action 20; THS 7/23/27/29/30/33/34)

iv) Improve and support access to Health Services (Q & F Action 20; THS 31/33/34/37/52/54/55/61/63/64/65/68/70/75/81/82/85/86/10/11/11/111/112/112)

v) Address Racism and Discrimination (Q & F Action 20; THS 1/5/83/118)

10.1.3.3 Actions to Achieve Objectives

Objective i): Develop and support Primary Health Care Projects, Traveller organisations and Traveller support groups (Q & F Action 20; THS 6/44/45/46)

- Continue to support Primary Health Care Projects (Q & F Action 20; THS 45)

Objective ii): Encourage Partnership / Increase Participation (Q & F Action 20; THS 3/4/6/16)

- Continue to support Travellers to participate in planning and delivery of health care (Q & F Action 20; THS 3/4/6/16)
- Support Health Board participation in Leitrim Traveller Network in order to enhance partnership working towards improving Traveller health (Q & F Action 20; THS 3/4/6/16)
- Undertake a review of the Traveller Health Unit (Q & F Action 20; THS 3/4/15/16/17/18)

Objective iii): Promote Good Health (Q & F Action 20; THS 7/22/27/28/30/33/34)

- Work with the Local Authorities in order to promote the health of Travellers, with continued focus on the relationship between accommodation and health (Q & F Action 20; THS 7)
- Continue work commenced in 2003 with Traveller families to reduce the incidents of accidents in Traveller children under 5 years (Q & F Action 20; THS 22)
- Continue to develop culturally appropriate health information/promotion materials for Travellers (Q & F Action 20; THS 22)
- Review pathway of care between acute and community services in relation to Traveller mothers and babies (Q & F Action 20; THS 22/29/30/31/32/35)
- Support Traveller men's health and fitness programmes (Q & F Action 20; THS 22)

Objective iv): Improve and support access to Health Services (Q & F Action 20; THS 31/32/33/34/37/52/54/55/57/61/63/64/70/75/81/82/85/86/110/111/113/111/112/112)

- Continue to implement the recommendations of the Working Group on Foster Care (Q & F Action 20; THS 96)
- Improve access to General Practitioner, Dental, Mental Health, Learning Disability and Addiction services for Travellers (Q & F Action 20; THS 52/54/55/57/61/63/64/70/75/81/82/85/86/110/111/112/113)
- Give Information about essential health services to nomadic Travellers (Q & F Action 20; THS 4)
- Continue to support Traveller women's access to domestic violence services (Q & F Action 20; THS 37/38/39/40/41)
- Host National Network of Public Health Nurses working with Travellers Annual Conference 2004 in the North West region (Q & F Action 20; THS 31/32/33)
Objective v): Address Racism and Discrimination (Q & F Action 20; THS 1/5/83/118)

- Support the implementation of the anti-racist code of practice (Q & F Action 20; THS 1/48)
- Provide training on Traveller culture awareness to Board staff (Q & F Action 20; THS 1/5/83/118)
- Support the implementation of the planned Equal Status Review in relation to services for Travellers (Q & F Action 20)

**ACTIVITY**

Targets for the delivery of these services in 2004 are as detailed in the tables below.

<table>
<thead>
<tr>
<th>TRAVELLER HEALTH</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Dgl</td>
<td>S/Lm</td>
<td>Total</td>
</tr>
<tr>
<td>TRAINING IN TRAVELLER CULTURE TO BOARD STAFF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of staff trained in Traveller Culture</td>
<td>150</td>
<td>90</td>
<td>60</td>
<td>153</td>
</tr>
<tr>
<td>Comments: Regional target achieved in 2003. Similar regional target set for 2004, with emphasis on participation from the Sligo/Leitrim area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| PRIMARY HEALTH CARE TRAINING | | | | | | | | | |
| Number of Travellers who participated in Primary Health Care Training | 10 | 10 | 0% | 10 | 10 | 0% | 10 | 10 | N/A |

| PRIMARY HEALTH CARE PROJECTS | | | | | | | | | |
| Number of Traveller families assisted by Primary Health Care Projects | 45 | 45 | N/A |

| TRAVELLERS' TRAINING AND DEVELOPMENT PROGRAMMES | | | | | | | | | |
| Number of Traveller women who participated in training or development Programmes supported by the NHWB | 50 | 25 | 25 |

| TRAVELLER MEN'S HEALTH | | | | | | | | | |
| Number of Traveller men who participated in health and fitness programmes | 50 | 20 | 30 |

| HEALTH INFORMATION / PROMOTION | | | | | | | | | |
| Number of Health Promoting Materials adapted / reproduced to reflect Traveller culture | 6 | 6 | 0 | 0 | -100% | -100% | 6 | 6 |
| Comments: 6 Health Promoting materials identified for adaptation in 2003, which will be completed in 2004, therefore 2004 target reflects ongoing work in respect of the same materials. |

| INTER-AGENCY WORKSHOPS | | | | | | | | | |
| Number of inter-agency workshops undertaken | 1 | 1 | 1 | 0% | 0% | 1 | 1 |
| Comments: 2003 target of 1 inter-Agency Workshop achieved and agreement reached to host Workshop as annual event, therefore similar target set. |

**PERFORMANCE INDICATORS**

The relevant Performance indicators from the national suite against which the Board will report in 2004 are TP1 - TP3 and include a focus on cultural awareness and sensitivity training programmes for Board personnel, operation of Traveller Health Unit and training of Traveller Health Unit members. Specific targets (where possible) in respect of these performance indicators are included in the table of activity / operational plans.
LETTER OF DETERMINATION FUNDING 2004

Currently, the Board has available €0.350m in specific funding for Traveller Health initiatives/services. This is fully deployed towards service priorities (as agreed by the Traveller Health Unit). A funding application of €0.444m has been made to the Department of Health and Children in respect of priority developments to implement the Traveller Health Strategy priorities, but no additional funding has been received in the Letter of Determination. Discussions are ongoing with the Department of Health and Children.

10.1.3.4 KEY ISSUES FOR THE YEAR AHEAD

Apart from the generic key issues as referred to in the CEO's Statement and Overview (Section 1), a specific key issue for Traveller Health is the securing of adequate development funding.

10.1.3.5 MONITORING MECHANISMS AND EVALUATION

MONITORING MECHANISMS

Apart from generic monitoring mechanisms as referred to in the CEO's Statement and Overview (Section 1) specific monitoring for Traveller Health will include monitoring of the implementation of National Traveller Health Strategy through the Traveller Health Unit in line with the Board Service Plan (NWHB Regional Implementation Plan 2002-2005).

EVALUATION

- An evaluation of the existing primary Health Care Project in Donegal will be carried out

10.1.3.6 RESEARCH, QUALITY AND VALUE FOR MONEY INITIATIVES

RESEARCH

- Participate in Traveller All Ireland Needs Assessment and Health Status study

QUALITY

- Support process of quality proofing corporate Service Plan from a Traveller perspective

VALUE FOR MONEY INITIATIVES

Apart from the generic value for money initiatives as referred to in the CEO's Statement and Overview (Section 1), there are no specific value for money initiatives planned for 2004.

KEY POINTS OF NOTE / KEY RESULT AREAS 2004

- Culturally appropriate information to Travellers about health services
- Training on Traveller culture awareness
- Support Implementation of the NWHB Anti-Racist Code of Practice
- Primary Health Care for Travellers Project
- Secure adequate funding to maintain existing level of service for the Traveller community, and to implement priority actions in accordance with Traveller Health A National Strategy.
10.2 REFUGEES & ASYLUM SEEKERS

10.2.1 CONTEXT

ROLE AND PURPOSE OF THE SERVICE

Refugees are individuals who owing to a well founded fear of being persecuted are outside their country of origin and are unable to, or owing to such fear are unwilling to, return to it. An individual is a refugee as soon as he/she has left his/her country of origin if he/she has a well founded fear of persecution.

Programme refugees are individuals who are recognised as refugees by the Irish Government before they arrive in Ireland and are invited here by the Ministry of Foreign Affairs on the recommendation of the United Nations High Commissioner for Refugees.

An asylum seeker is a person who has entered Ireland and who has applied for asylum and for whom the application procedure is ongoing.

Refugees and asylum seekers are dispersed throughout Ireland by the Reception and Integration Agency on behalf of the Department of Justice, Equality and Law Reform.

Services to refugees and asylum seekers are provided in a co-ordinated and culturally sensitive way, as an integral part of the services being provided to the wider community.

NATIONAL AND REGIONAL POLICY FRAMEWORK

- Geneva Convention
- Hague Convention
- Primary Care A New Direction (2001)
- Quality and Fairness - A Health System for You (2001)
- The Equal Status Act 2000
- Refugee Act 1996 and subsequent regulations

NWHB Strategies / Policies

NEEDS ANALYSIS

Refugees / asylum seekers can have complex health and social care needs which may be compounded by language and cultural differences.

As a highly mobile population group (particularly those residing in private rented accommodation) co-ordination is required in order to meet their health and social care needs and to ensure provision of comprehensive and equitable health services. Table 10.2.1 below presents a profile of the 686 Asylum seekers / refugees resident in the north west region at December 2003.

This plan should be read in conjunction with the CEO's Statement and Overview (Section 1) and Population Health section (Section 3) of this Service Plan.
Table 10.2.1 Asylum Seeker / Refugee profile by County

<table>
<thead>
<tr>
<th>County</th>
<th>Donegal</th>
<th>Sligo/ Leitrim</th>
<th>Total NWHB</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Asylum Seekers / Refugees</td>
<td>508</td>
<td>178</td>
<td>686</td>
</tr>
<tr>
<td>No of Programme Refugees</td>
<td>-</td>
<td>-</td>
<td>47</td>
</tr>
<tr>
<td>No of Children aged &lt; 5 years</td>
<td>159</td>
<td>37</td>
<td>196</td>
</tr>
<tr>
<td>No of Children 5-18 years</td>
<td>45</td>
<td>32</td>
<td>77</td>
</tr>
<tr>
<td>No of adults &gt; 18 years</td>
<td>304</td>
<td>108</td>
<td>412</td>
</tr>
<tr>
<td>No of Asylum Seekers / Refugees in dispersal centres</td>
<td>73</td>
<td>63</td>
<td>136</td>
</tr>
<tr>
<td>No of Asylum Seekers / Refugees in private rented accommodation</td>
<td>436</td>
<td>115</td>
<td>551</td>
</tr>
</tbody>
</table>

The number of asylum seekers / refugees resident here has increased from 460 at December 2002 to 686 at December 2003 an increase of 226 (45%). New arrivals to the region averaged approximately 20 per month during 2003.

10.2.2 BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

Refugees / asylum seekers and their families access the broad range of Board Primary Care, Community, Acute Hospital and Mental Health Services. In addition, in order to address health inequalities and particular health needs, specific services are provided including:

- Community Welfare Services
- Information Services (for asylum seekers / refugees and service providers)
- Screening Services
- General Medical Services
- Dental Services
- Co-ordination Services Internally within the NWB and external inter-agency co-ordination
- Community Health Adviser Services
- Interpreter / Translator Services
- Support Services (financial or technical assistance) to Asylum Seeker Support Groups.

ACHIEVEMENTS 2003

- Provision / dissemination of information
- Cultural awareness training
- Anti-Racist Code of Practice

10.2.3 THE YEAR AHEAD

10.2.3.1 2003 ACTIONS ONGOING INTO 2004

All Actions were progressed in full in 2003.

10.2.3.2 AIMS AND OBJECTIVES FOR 2004

Aims and objectives are to:

i) Continue to promote uptake of health screening by refugees / asylum seekers (Q & F Action 23)

ii) Continue to provide and disseminate information (Q & F Actions 23)
iii) Continue to enable refugees / asylum seekers to access the broad range of
Health Board services (Q & F Actions 23/27)

iv) Improve levels of co-ordination and liaison in relation to refugees / Asylum
Seekers (Q & F Action 23)

10.2.3.3 ACTIONS TO MEET OBJECTIVES

Objective i): Continue to promote uptake of health screening by refugees / asylum
seekers (Q & F Action 23)

• Renew initiatives to promote, increase and monitor screening uptake levels through direct
engagement with refugees / asylum seekers and General Practitioners (Q & F Action 23)
• Renew Community Health Adviser post contract in Donegal and appoint Community
Health Adviser for Sligo / Leitrim area (Q & F Action 23)

Objective ii): Continue to provide and disseminate Information (Q & F Actions 23/44)

• Secure funding for the provision of translator and interpreter training and service provision
(Q & F Action 23)
• Provide appropriate training to Interpreters and translators (Q & F Action 23)
• Provide and disseminate information on refugee / asylum seeker health and other
relevant issues to appropriate Health Board personnel (Q & F Action 23)
• Host interagency information day to promote awareness of refugee / asylum seeker
issues (Q & F Action 23)
• Plan cross-cultural seminar on psychological needs of non-nationals (Q & F Action 23)

Objective iii): Continue to enable refugees / asylum seekers to access the broad range of
Health Board services (Q & F Actions 23/27)

• Special arrangements to be made to meet the needs of Programme Refugees residing in
the region (Q & F Action 23)
• Community Welfare service to continue to inform refugees / asylum seekers in relation to
Health Board services (Q & F Action 23)
• Continue to provide support to refugee / asylum seeker support groups in Ballinamore,
Donegal Town and Moville (Q & F Action 23)
• Extend the current Lifestart Programme in Donegal into Letterkenny and 2 rural areas in
Donegal including children of refugees and asylum seekers (Q & F Action 27)

Objective iv): Improve levels of co-ordination and liaison in relation to refugees /
asylum seekers (Q & F Action 23)

• Renew contracted post of Asylum Seeker Service Co-ordinator (Q & F Action 23)
• Establishment of Regional Asylum Seeker / Refugee Health Forum with representation of
key refugees / asylum seeker service providers to ensure integrated, co-ordinated planning
and delivery of services (Q & F Action 23)
• Seek to establish a co-ordination and liaison arrangement with the Reception and
Integration Agency to improve the relationship between the Board and the Agency in
relation to matters concerning refugees and asylum seekers (Q & F Action 23)
ACTIVITY

Targets for the delivery of these services in 2004 are as detailed in the table below.

<table>
<thead>
<tr>
<th>ASYLUM SEEKERS</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Dgl</td>
<td>SLm</td>
<td>Total</td>
</tr>
<tr>
<td>REFUGEES / ASYLUM SEEKERS IN THE REGION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Asylum Seekers in the region</td>
<td>460</td>
<td>359</td>
<td>91</td>
<td>666</td>
</tr>
<tr>
<td>Number of Asylum Seekers met by CWO</td>
<td>460</td>
<td>359</td>
<td>91</td>
<td>666</td>
</tr>
<tr>
<td>Comments: Numbers of Asylum Seekers arriving in the region are dependent on dispersal arrangements made by the Reception and Integration Agency on behalf of the Department of Justice, Equality and Law Reform or choices directly by Asylum Seekers themselves. The number of Asylum Seekers in the region at the end of 2003 increased by 49% on the number resident here at the end of December 2002. Asylum Seekers arriving in the area are met with on an individual basis and receive relevant information in relation to Health Board services by a CWO.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DISPERSEL CENTRES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Dispersal Centres in the region</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Number of Asylum Seekers in Dispersal Centres</td>
<td>136</td>
<td>73</td>
<td>63</td>
<td>Needs Led</td>
</tr>
<tr>
<td>PRIVATE RENTED ACCOMMODATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Asylum Seekers in Private Rented Accommodation</td>
<td>551</td>
<td>438</td>
<td>115</td>
<td>551</td>
</tr>
<tr>
<td>PROGRAMME REFUGEES IN THE REGION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Programme refugees in the region</td>
<td>47</td>
<td>0</td>
<td>47</td>
<td>47</td>
</tr>
<tr>
<td>Number of Programme refugee families in the region</td>
<td>11</td>
<td>0</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Comments: Numbers of Programme refugees arriving in the region are dependent on dispersal arrangements made by the Reception and Integration Agency on behalf of the Department of Justice, Equality and Law Reform or choices directly by refugees themselves. Total of 47 Programme refugees (24 adults and 23 children) in the region at 31st December 2003.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAINING</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of staff training programmes on Asylum Seeker culture</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Number of staff participating on these training programmes</td>
<td>80</td>
<td>40</td>
<td>40</td>
<td>43</td>
</tr>
<tr>
<td>Comments: *Regional training programmes and participants. 1 training programme in Asylum Seeker culture and 2 anti-racism awareness training programmes have been provided during 2003. 2004 target figure based on 2003 out turn.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Performance Indicators

The relevant performance indicators from the national suite against which the Board will report in 2004 are AR1 - AR3 and include a focus on health entitlement information sessions, screening, staff asylum seeker / refugee awareness training. Specific targets (where possible) in respect of these performance indicators are included in the table of activity / Operational Plan.

LETTER OF DETERMINATION FUNDING 2004

No additional funding has been provided in the Letter of Determination in respect of Refugees and Asylum Seekers.
10.2.3.4 KEY ISSUES FOR THE YEAR AHEAD

Apart from the generic key issues as referred to in the CEO's Statement and Overview (Section 1), specific key issues for Refugee and Asylum Seekers are as follows:
- Potentially increasing number of Asylum Seekers in the region
- Particular requirements of Programme Refugees.

10.2.3.5 MONITORING MECHANISMS AND EVALUATION

MONITORING MECHANISMS

Apart from the generic monitoring mechanisms as referred to in the CEO's Statement and Overview (Section 1), there are no specific monitoring mechanisms for Refugees and Asylum Seekers.

EVALUATION

Ongoing evaluation will continue including evaluation of levels of screening and barriers to screening uptake, but no formal evaluation is planned for 2004.

10.2.3.6 RESEARCH, QUALITY AND VALUE FOR MONEY INITIATIVES

RESEARCH

Research proposals include:
- Completion of research into the nutritional needs of asylum seekers being undertaken by the Public Health Department with support from the Combat Poverty Agency (Q & F Action 68).

QUALITY

Quality initiatives / Actions will include:
- Completion of the development of database for refugees / asylum seekers (Q & F Action 117).

VALUE FOR MONEY INITIATIVES

Apart from the generic value for money initiatives as referred to in the CEO's Statement and Overview (Section 1), there are no specific value for money initiatives planned for 2004.

<table>
<thead>
<tr>
<th>KEY POINTS OF NOTE / KEY RESULT AREAS 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Renewed initiatives to secure improvements in screening uptake levels</td>
</tr>
<tr>
<td>• Information provision and dissemination</td>
</tr>
<tr>
<td>• Staff training programmes on asylum seeker culture awareness</td>
</tr>
<tr>
<td>• Establishment of Regional Asylum Seeker / Refugee Health Forum</td>
</tr>
</tbody>
</table>
10.3 ADULT HOMELESSNESS

10.3.1 CONTEXT

ROLE AND PURPOSE

Homelessness as defined in Section 2 of the Housing Act. 1988 includes:

- persons living in temporary unsecured accommodation
- persons living in emergency bed and breakfast accommodation and hostels / health board accommodation because they have nowhere else available to them
- rough sleepers and
- victims of family violence.

It is recognised that the needs of individual homeless persons cross a number of organisational boundaries. As both local authorities and health boards have key central roles in meeting these needs, involvement in this area is on a joint basis along with the voluntary bodies.

NATIONAL AND REGIONAL POLICY FRAMEWORK

The principal policy and legislative framework guiding the provision of these services include:

- National Action Plan against Poverty and Social Exclusion 2003-2005
- Sustaining Progress (2003-2005)
- Quality & Fairness – A Health System For You (2001)

Regional Policies include:

NEEDS ANALYSIS

Homeless persons have a variety of needs including: accommodation, health and welfare and work, education and training needs.

Those at risk of becoming homeless also have needs and need to be supported / facilitated in order to prevent their becoming homeless. The three principal groups identified in the Homelessness Preventative Strategy (2002) as being particularly at risk of becoming homeless are:

- people leaving hospital and mental health care
- adult prisoners and young offenders leaving custody
- young people leaving care.

As a broad, rural, isolated, geographic region exact details on the extent of the homelessness problem are difficult to define, thereby making the means of addressing the problem more difficult.

This plan should be read in conjunction with the CEO's Statement and Overview (Section 1) and Population Health section (Section 3) of this Service Plan.
10.3.2 BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

Homeless persons access the full range of Board health and welfare services including:

- Community Welfare Services
- Primary Care Services
- Mental Health Services
- Acute Hospital Services.

The Board also supports voluntary agencies in the region in the provision of services to homeless persons including:

- Sligo Social Services – provision of accommodation for people presenting as homeless, short term emergency accommodation and accommodation for homeless men/transients
- Finisklin Housing Association, Sligo – accommodation for indigenous homeless males
- St Vincent de Paul Society, Letterkenny – accommodation for homeless persons.

ACHIEVEMENTS 2003

- Provision of additional funding to voluntary service providers

10.3.3 THE YEAR AHEAD

10.3.3.1 2003 ACTIONS ONGOING INTO 2004

- Implementation of the Homeless Forums Action Plans in partnership with the Local Authorities
- Implementation of the Homeless Preventative Strategy
- Development of a plan for Regional Social Housing needs

10.3.3.2 AIMS AND OBJECTIVES

Aims and objectives are to:

i) Provide appropriate and relevant services / care in response to need (Q & F Action 21)

ii) Continue the implementation of the Homelessness – An Integrated Strategy and Homelessness Preventative Strategy (Q & F Action 21)

10.3.3.3 ACTIONS TO MEET OBJECTIVES

Objective i): Provide appropriate and relevant services / care in response to need (Q & F Action 21)

- Continue to provide existing levels of service through service level agreements with Voluntary agency providers (Q & F Action 21)
- Liaise with the Local Authorities in the region in relation to changes under Social Welfare Measures 2004 regarding payment of rent supplements (Q & F Action 21)

Objective ii): Continue the implementation of the Homelessness – An Integrated Strategy and Homelessness Preventative Strategy (Q & F Action 21)

- Complete Donegal Homeless Forum Action Plan (Q & F Action 21)
- Regional Homeless Forum Action Plans to be considered / adopted by the Board and implementation to be progressed in partnership with the Local Authorities (Q & F Action 21)
• Continue to develop and promote the concept of lifetime adaptable housing, to develop a Regional Social Housing needs plan, and to ensure the inclusion of special housing needs requirements for homeless persons in housing developments (Q & F Action 21)
• Cross-Programme Group to be established to progress the recommendations of the Homelessness Preventative Strategy (Q & F Action 21)
• Voluntary Agency Homeless Service providers, to be supported to host information sessions for Board staff to highlight health and welfare care needs for homeless persons (Q & F Action 21)

ACTIVITY

Targets for the delivery of these services in 2004 are as detailed in the table below.

<table>
<thead>
<tr>
<th>ADULT HOMELESSNESS</th>
<th>OUT-TURN 2003</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>DG</td>
</tr>
<tr>
<td>HOMELESS HOSTELS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of hostels in the region</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Number of beds</td>
<td>80</td>
<td>29</td>
</tr>
</tbody>
</table>

Comments: Currently there are 4 homeless hostels in the region

PERFORMANCE INDICATORS

The relevant performance indicators from the national suite against which the Board will report in 2004 are HO1- HO4 and include a focus on individual care plan / key worker systems, protocols for homeless persons, discharge policies and aftercare services. Specific targets (where possible) in respect of these performance indicators are included in the operational plans.

LETTER OF DETERMINATION FUNDING 2004

No additional funding has been provided in the Letter of Determination in respect of services for Adult Homeless persons.

10.3.3.4 KEY ISSUES FOR THE YEAR AHEAD

Apart from the generic key issues as referred to in the CEO’s Statement and Overview (Section 1), specific key issues for Adult Homelessness are as follows:
• Changes to Social Welfare Measures 2004 in relation to payment of rent supplements
• Adoption of Homeless Forum Action Plans.

10.3.3.5 MONITORING MECHANISMS AND EVALUATION

MONITORING MECHANISMS

Apart from the generic monitoring mechanisms as referred to in the CEO’s Statement and Overview (Section 1), there are no specific monitoring mechanisms in respect of Adult Homelessness.

EVALUATION

Ongoing evaluation will continue but no formal evaluation is planned for 2004.
10.3.3.6 RESEARCH, QUALITY AND VALUE FOR MONEY INITIATIVES

RESEARCH

No specific research project is planned for 2004. Best practice evidence will continue to be used to guide service provision.

QUALITY

No specific quality initiatives/actions will be undertaken in 2004.

VALUE FOR MONEY INITIATIVES

Apart from the generic value for money initiatives as referred to in the CEO’s Statement and Overview (Section 1), specific value for money initiatives in respect of Adult Homelessness include service level agreements with voluntary providers.

KEY POINTS OF NOTE / KEY RESULT AREAS 2004

- Completion of Donegal Homeless Forum Action Plan
- Implementation of existing Homeless Forum Action Plans in partnership with the Local Authorities
- Establishment of Cross-Programme Group to progress the recommendations of the Homelessness Preventative Strategy
- Provision of existing levels of service in accordance with service level agreements
Financial Statement & Service Plan 2004  Social Inclusion - Women Experiencing Domestic Violence

10.4 WOMEN EXPERIENCING DOMESTIC VIOLENCE

10.4.1 CONTEXT

ROLE AND PURPOSE

Domestic violence is defined as: "The use of physical or emotional force or threat of physical force, including sexual violence, in close adult relationships ... the term 'domestic violence' goes beyond actual physical violence" (Report of the Task Force on Violence Against Women (1997))

The impact of such violence has serious consequence for society in general and for those women and children that experience it. It is therefore recognised that women who have been threatened with or experienced domestic violence require access to co-ordinated and cohesive services delivered by the community, voluntary and public sectors. At regional level this co-ordination is achieved through the Regional Planning Committee on Violence Against Women which has representation of the key agencies / players that can provide responses to the various needs of women who have experienced violence.

The Board's role in this regard, is as a provider of services and as the convener / supporter of the Regional Planning Committee, (which is independently chaired), where positive working relationships with agencies in the region are fostered and developed in order to develop and improve overall service provision. In the broader context, the issue of violence against women is also an issue for the North Western Health Board as an employer, particularly as an employer of women.

REGIONAL POLICY FRAMEWORK

The principal and legislative framework guiding the provision of these services include:
- Perspectives in the Provision of Counselling for Women in Ireland (2002)
- Quality and Fairness - A Health System For You (2001)
- National Action Plan against Poverty and Social Exclusion 2003-2005
- Sustaining Progress 2003-2005

NWHB Publication:
- Tailoring Our Solution: Developing Effective Services and Models of Best Practice to address Violence against Women in the North West (2000).

NEEDS ANALYSIS

Violence against women occurs in all social classes and is equally prevalent in both rural and urban areas. In the North West region during 2002, approximately 4,800 calls were made to Sligo and Donegal Rape Crisis Centres and Donegal Women's Refuge with 27 attendances at the Sexual Assault Unit at Letterkenny General Hospital.

This plan should be read in conjunction with the CEO's Statement and Overview (Section 1) and Population Health section (Section 3) of this Service Plan.
10.4.2 BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

Women who have experienced violence and / or their children may possibly present themselves to any number of services / departments within the health board including:

- Accident & Emergency
- General Practitioner Services
- Public Health Nursing Services
- Social Work
- Mental Health Services
- Community Welfare Services
- Child Protection Services

They may also present to other statutory / voluntary groups and / or be referred to from any of these services.

The majority of front-line service provision in relation to domestic violence in the north west region is provided in partnership with Non-Governmental Organisations (NGO).

Services are provided through Service Level Agreements with:

- Sligo Rape Crisis Centre
- WAVES (Women Against Violent Experiences) Coalition Outreach Service Sligo / Leitrim
- WEAVE (Women Emerging from Violence and Abuse) Sligo / Leitrim
- Sligo Social Services Women Awake
- Letterkenny Rape Crisis Centre
- Donegal Domestic Violence Service
- Inishowen Outreach Services and
- Women’s Centre Letterkenny.

Services provided include:

- Information
- Advocacy
- Court accompaniment
- Outreach services
- Refuge services
- Sexual Assault Unit, Letterkenny General Hospital.

### ACHIEVEMENTS 2003

- Training awareness programmes
- Progress on commencement of outreach services in Sligo / Leitrim

### THE YEAR AHEAD

10.4.3.1 2003 ACTIONS ONGOING INTO 2004

All Actions were progressed satisfactorily in 2003.

10.4.3.2 AIMS AND OBJECTIVES

Aims and objectives are to:

i) Increase staff awareness of domestic violence and available services (Q & F Action 34)

ii) Improve access to and enhance service provision for women experiencing domestic violence (Q & F Action 34)
10.4.3.3 ACTIONS TO MEET OBJECTIVES

Objective i): Increase staff awareness of domestic violence and available services (Q & F Action 34)
- Provide staff training / information programmes and support a local awareness campaign in the context of the global 16 Days of Action Against Violence Against Women campaign 2004 (Q & F Action 34)

Objective ii): Improve access to and enhance service provision for women experiencing domestic violence (Q & F Action 34)
- Continue to support existing services including outreach services through Service Level Agreements (Q & F Action 34)
- Continue to develop services in consultation with the Regional Planning Committee on Violence against Women within available funding including the development of a Women's Refuge and Outreach service in the Sligo / Leitrim area (Q & F Action 34)
- Complete review, commenced in 2003, by the Regional Planning Committee with a view to consolidating inter agency participation and determining future priorities (Q & F Action 34)

ACTIVITY

Targets for the delivery of these services in 2004 are as detailed in the table below.

<table>
<thead>
<tr>
<th>WOMEN EXPERIENCING DOMESTIC VIOLENCE</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Dgl</td>
<td>S/Lm</td>
<td>Total</td>
</tr>
<tr>
<td>SERVICES FOR WOMEN WHO HAVE EXPERIENCED DOMESTIC VIOLENCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of Outreach Service Centres</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>No. of attendances at outreach services</td>
<td>616</td>
<td>618</td>
<td>872</td>
<td>872</td>
</tr>
<tr>
<td>Comments: During 2003 attendances at outreach centres exceeded target by 41% (254) as such attendances are in response to demand. * During 2003 women in the Sligo / Leitrim area availed of services in other counties. Outreach Services in Sligo / Leitrim planned to commence in 2004. 2004 targets for service delivery are not defined as services are demand led</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of NWHB Staff Training / Information Programmes provided</td>
<td>12</td>
<td>6</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>No. of attendances</td>
<td>198</td>
<td>198</td>
<td></td>
<td>140</td>
</tr>
<tr>
<td>Comments: 17 Training / Information programmes provided relate to &quot;Working with Domestic Violence&quot; - training programmes x 3 (24 attendances) and other training programmes (174 attendances). Training was provided on a regional basis and exceeded annual target by 5 (42%) programmes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PERFORMANCE INDICATORS

Currently, there are no National Performance Indicators in respect of Women Experiencing Domestic Violence. Performance is monitored through specific targets, which are included in the table of activity / operational plan.

LETTER OF DETERMINATION FUNDING 2004

No additional funding has been provided in the Letter of Determination in respect of Women Experiencing Domestic Violence.
10.4.3.4 KEY ISSUES FOR THE YEAR AHEAD

Apart from the generic key issues as referred to in the CEO's Statement and Overview (Section 1), there are no specific key issues for Women Experiencing Domestic Violence.

10.4.3.5 MONITORING MECHANISMS AND EVALUATION

MONITORING MECHANISMS

Apart from the generic monitoring mechanisms as referred to in the CEO's Statement and Overview (Section 1), there are no other specific monitoring mechanisms planned for 2004.

EVALUATION

Ongoing evaluation will continue but no formal evaluation is planned for 2004.

10.4.3.6 RESEARCH, QUALITY AND VALUE FOR MONEY INITIATIVES

RESEARCH

No specific research project is planned for 2004. Best practice evidence will continue to be used to guide service provision.

QUALITY

No specific quality initiatives are planned for 2004 within the service.

VALUE FOR MONEY INITIATIVES

Apart from the generic value for money initiatives as referred to in the CEO's Statement and Overview (Section 1), specific value for money initiatives for Women Experiencing Domestic Violence will include Service Level Agreements with voluntary providers.

**KEY POINTS OF NOTE / KEY RESULT AREAS 2004**

- Strengthen partnership working with and through the Regional Planning Committee on Violence Against Women and Non Governmental Organisations (NGO's)
- Training and information awareness
- Women's Refuge and Out-reach service in the Sligo / Leitrim area
- Provision of existing levels of service
11.1. DENTAL SERVICE

11.1.1 CONTEXT

ROLE AND PURPOSE

Dental Services are provided to improve the level of oral health of the entire population and specific target groups in the Board's area. This is achieved largely through public dental health measures and treatment services targeted at specific groups such as children, special needs groups and medical card holders.

NATIONAL AND REGIONAL POLICY FRAMEWORK

The principal policy and legislative framework guiding the provision of these services include:

- Primary Care A New Direction (2001)
- Quality and Fairness - A Health System for You (2001)
- Dental Health Action Plan (1994)
- Section 6 of the 1970 Health Act (and amended Health Acts)
- Health (Fluoridation of Water Supplies) Act 1960

NEEDS ANALYSIS

The population of the North Western Health Board region is 222,762 with an estimated 57,000 children aged under 16 years. Approximately 8,000 people are in the Special Needs groups (including people with a Learning Disability or Physical and Sensory Disability). There are 97,914 medical card holders in the region at December 2003.

The most recent data from the All Ireland Children's Dental Survey (2002) indicates:

- The importance of maintaining water fluoridation as a public health measure
- High levels of traumatic dental injuries, many sports related. This indicates a possible need to include schools and sporting organisations in a health promotion initiative in this area
- A high level of unmet treatment need in Donegal and South Leitrim, directly related to the staff vacancies of the past decade in those areas.

Population dental health has been measured in the North West in a number of formalised surveys. These include:

- All Ireland Children's Dental Survey (2002)
- Survey of Persons with Special Needs (2001)
- National Adult Dental Surveys (1991 and 2001)
- NWHB Children's Dental Survey (1998)
- Sligo-Leitrim Children's Dental Survey (1991)
- National Children's Dental Surveys (1952, 1961-63 and 1984)
- Surveys on Oral Cancer have also been conducted in the region

This plan should be read in conjunction with the CEO's Statement and Overview (Section 1) and Population Health Section (Section 3) of this Service Plan.
Financial Statement & Service Plan 2004

• Annual measurement of dental health status is undertaken at school dental screenings as part of a cross border collaborative project

11.1.2 BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

Health Board Dentists provide services for children, special needs groups, Accident and Emergency care at Sligo and Letterkenny General Hospitals and emergency care for foreign nationals. Medical card holders and their dependants (up to age of 16 years), are also treated by the Board's dentists.

Adult Dental Health Services (including services to persons with Health Amendment Act (1996) eligibility i.e. Persons with Hepatitis C), are provided by Health Board Dentists (on a sessional basis) and private Dentists under the Dental Treatment Services Scheme (DTSS).

Public Health Measures include water fluoridation, (carried out by the Local Authorities on behalf of the Dental Departments), oral health education programmes (including the use of local media to promote oral health), screening of selected age groups in primary school and epidemiological fieldwork.

Orthodontic services are provided at primary care level via Health Board dentists under the supervision of the Consultant Orthodontist and at secondary level via Clinical Specialists and a Consultant Orthodontist. Referrals are made to specialist care as appropriate.

<table>
<thead>
<tr>
<th>ACHIEVEMENTS 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Oral Health Promotion Strategy and action plan completed</td>
</tr>
<tr>
<td>• Dental Treatment Services Scheme (DTSS) provided in accordance with 2003 funded levels</td>
</tr>
<tr>
<td>• Multi annual Dental Capital programme defined and equipping priorities funded from Board's Minor Works / Equipment allocation</td>
</tr>
<tr>
<td>• Information Technology System ‘go live’</td>
</tr>
</tbody>
</table>

11.1.3 THE YEAR AHEAD

11.1.3.1 2003 ACTIONS ONGOING INTO 2004

All actions were progressed satisfactorily in 2003.

11.1.3.2 AIMS AND OBJECTIVES

The aim of the Dental service is to improve the level of oral health of the entire population and specific target groups in the Board's area. The main objectives for 2004 are:

i) To provide measures to reduce the level of dental disease in Children (Q & F Action 14)

ii) To provide adequate treatment services to the eligible population (through a combination of public and private dental services) (Q & F Actions 20/53/55/62/93)
11.1.3.3 ACTIONS TO MEET OBJECTIVES

**Objective i): To provide measures to reduce the level of dental disease in children (Q & F Action 14)**

- Complete school dental inspections in respect of school year Sept 03 – June 04 (Q & F Action 14)

**Objective ii): To provide adequate treatment services to the eligible population (through a combination of public/private dental services) (Q & F Action 20/5355/82/83)**

- Improve access to Dental Services for Travellers (Q & F Action 20)
- Continue the Joint Primary Care / Secondary Care Orthodontic Programme (Q & F Action 53)
- Provide treatment to eligible persons under the DTSS Scheme (Q & F Action 53)
- Provide general dental clinics (Q & F Action 55)
- Make referrals to specialist care where appropriate (Q & F Action 62)
- Review the Community Orthodontic referral pathway to Secondary Care (Q & F Action 62)
- Continue implementation of 5 year Dental Capital Programme (Q & F Action 93)

**ACTIVITY**

Targets for the delivery of these services in 2004 are as detailed in the tables below.

<table>
<thead>
<tr>
<th>DENTAL</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Dgl</td>
<td>S/Lm</td>
<td>Total</td>
</tr>
<tr>
<td>DTSS AUTHORISATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of authorisations – DTSS scheme</td>
<td>5774</td>
<td>3301</td>
<td>2473</td>
<td>5278</td>
</tr>
<tr>
<td>Comments: During 2003, 5,278 DTSS (2,434 x Donegal and 2,845 x Sligo / Leitrim) authorisations issued. The large number of authorisations for Sligo-Leitrim were due to the resolution of a backlog of incomplete claims (including those on which clinical details were awaited from the claiming dentist). Overall authorisation levels are below target for the period January – December 2003 by 496 (9%). Authorisation requests are demand led. 2004 target is based on 2003 out-turn.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| CLINICS |
| Number of clinics provided | 9250 | 5750 | 3500 | 9371 | 6004 | 3367 | +1% | +4% | -4% | 9371 | 6004 | 3367 |
| Total number of attendances | 47000 | 30000 | 17000 |
| Number of Special Needs clinics provided | 728 | 358 | 370 | 804 | 260 | 544 | +10% | -27% | +47% | 804 | 260 | 544 |
| Total number of Special Needs attendances | 3,340 | 1,630 | 1,710 |
| Comments: During 2003 the number of clinics provided exceeded target. Attendances were not reported in 2003 but from January 2004 number of attendances will be collected and reported. 2004 target for clinics is based on 2003 out-turn. |

| SCHOOLS SCREENING |
| Number of Schools Examined | 285 | 175 | 110 | 285* | 175 | 110 | 100% | 100% | 100% | 285** | 175 | 110 |
| Number of children in target classes who received dental screening | 9792 | 6204 | 3588 | 8294* | 4993 | 3301 | -15% | -19% | -8% | 9792** | 6204 | 3588 |

133
### DENTAL

<table>
<thead>
<tr>
<th></th>
<th>TARGET 2003</th>
<th>OUM-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total  Dgl  S/Lm</td>
<td>Total  Dgl  S/Lm</td>
<td>Total  Dgl  S/Lm</td>
<td>Total  Dgl  S/Lm</td>
</tr>
<tr>
<td>Comments: Outturn is in respect of school year September 02 – June 03. 285 schools examined and 8294 children screened (73 schools and 1869 children screened during the period September 02 and 212 schools and 8425 children examined during the period January 03 – June 03.) All schools were examined in the region and the number of children screened is below target by 15% due mainly to absence of children on day of dental screening. 2004 target is based on number of schools for examination and number of children for screening in respect of school year September 03 – June 04. During the period September – December 03, 38 of out of total 285 schools were examined and 1638 children out of a total of 9702 screened (Donegal X 25 schools and 724 children and Sligo / Leitrim by 13 schools and 914 children)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### ORTHODONTIC TREATMENT

<table>
<thead>
<tr>
<th>Number of joint assessment clinics</th>
<th>3</th>
<th>1</th>
<th>2</th>
<th>4</th>
<th>1</th>
<th>3</th>
<th>+33%</th>
<th>+100%</th>
<th>+50%</th>
<th>6</th>
<th>3</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number people assessed at joint assessment clinics</td>
<td>101</td>
<td>11</td>
<td>66</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Number of treatment and planning clinics</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of people in receipt of primary orthodontic treatment</th>
<th>970</th>
<th>800</th>
<th>170</th>
<th>845</th>
<th>530</th>
<th>315</th>
<th>-13%</th>
<th>-34%</th>
<th>+85%</th>
<th>900</th>
<th>700</th>
<th>290</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of individuals who have completed primary orthodontic treatment</td>
<td>329</td>
<td>132</td>
<td>197</td>
<td>390</td>
<td>206</td>
<td>164</td>
<td>+18%</td>
<td>+56%</td>
<td>-7%</td>
<td>300</td>
<td>150</td>
<td>150</td>
</tr>
</tbody>
</table>

Comments: During 2003 1 additional joint assessment clinic provided in response to need. Treatment and planning sessions were not reported during 2003. Primary orthodontic treatment courses in the main continue over a period of 18 months. 2004 targets are based on planned service levels.

#### WATER FLUORIDATION

<table>
<thead>
<tr>
<th>Number of public water fluoridation Schemes in NWBH</th>
<th>22</th>
<th>15</th>
<th>7</th>
<th>27</th>
<th>18</th>
<th>9</th>
<th>+23%</th>
<th>+20%</th>
<th>+28%</th>
<th>27</th>
<th>18</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of public water fluoridation schemes tested</td>
<td>22</td>
<td>15</td>
<td>7</td>
<td>27</td>
<td>18</td>
<td>9</td>
<td>+23%</td>
<td>+20%</td>
<td>+28%</td>
<td>27</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>Number of public water fluoridation schemes tested that are within statutory limits</td>
<td>22</td>
<td>15</td>
<td>7</td>
<td>12</td>
<td>8</td>
<td>4</td>
<td>-44%</td>
<td>-44%</td>
<td>-44%</td>
<td>27</td>
<td>18</td>
<td>9</td>
</tr>
</tbody>
</table>

Comments: 2003 target for public water schemes fluoridation testing was exceeded due to 5 new schemes in the region. At the end of 2003, 12 of the 27 public water schemes (i.e. 44%) tested were within Statutory Limits. Ongoing liaison continues with Principal Dental Surgeons and Engineers from the Local Authorities responsible for water services with regard to compliance issues with a view to improving performance levels. 2004 Targets for test results is set at 100% per statutory limits.

### PERFORMANCE INDICATORS

The relevant performance indicators from the national suite against which the Board will report in 2004 are PC6 – PC7 and PC12 and include a focus on water fluoridation schemes, screening of school children and Dental Treatment Services Scheme (DTSS) contracts.

Specific targets (where possible) in respect of these performance indicators are included in the tables of activity / operational plans.

### LETTER OF DETERMINATION FUNDING 2004

Additional funding has been provided in the Letter of Determination and this has been identified in the table below together with the associated actions for this funding.
OBJECTIVES

<table>
<thead>
<tr>
<th>SERVICE OBJECTIVES</th>
<th>ACTIONS TO ACHIEVE OBJECTIVES</th>
<th>L.O.D. FUNDING €M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective II) Section 11.1.3.2</td>
<td>Provision of treatment to eligible persons under the Dental Treatment Service Scheme (DTSS). Funding is provided in respect of fee increases from the 1st January 2003 and 1st January 2004 for services provided by DTSS providers.</td>
<td>0.348</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>0.348M</td>
</tr>
</tbody>
</table>

11.1.3.4 KEY ISSUES FOR THE YEAR AHEAD

Apart from the generic key issues as referred to in the CEO’s Statement and Overview (Section 1), specific key issues for Dental Services are as follows:

- Implementation of the 5 year Dental Capital Programme 2003
- Implementation of Dental Information system.

11.1.3.5 MONITORING MECHANISMS AND EVALUATION

MONITORING MECHANISMS

Apart from the generic monitoring mechanisms as referred to in the CEO’s Statement and Overview (Section 1), a specific monitoring mechanism for Dental Services is as follows:

- Monitoring Waiting Lists and waiting times.

EVALUATION

Evaluation is ongoing but no formal evaluation is planned for 2004.

11.1.3.6 RESEARCH, QUALITY AND VALUE FOR MONEY INITIATIVES

RESEARCH

The NWHB dental service will participate in:

- CAWT Oral Health Project (Q & F Action 68)
- National dental surveys as appropriate when advised (Q & F Action 68).

QUALITY

Quality initiatives will include:

- Development of further clinical protocols e.g. radiography including improved auditing mechanisms in the DTSS (Q & F Action 63)
- Continued implementation of the recommendations of the Forum on Fluoridation within available resources (Q & F Action 68)
- Board management to meet Local Authority management in relation to quality assurance with a view to producing a co-ordinated action plan regarding fluoridation (Q & F Action 68)
- Implementation of Oral Health Promotion programmes for the NWHB (Q & F Action 68)
- Implementation and roll out of the Dental Information System (Q & F Action 117)
VALUE FOR MONEY INITIATIVES

Apart from the generic value for money initiatives as referred to in the CEO's Statement and Overview (Section 1), specific value for money initiatives for Dental Service are as follows:

- Continuation/enhancement of probity measures in the DTSS to include use of protocols and clinical guidelines in partnership with Private Dental Service providers (Q & F Action 63)
- Examination of school dental inspection data will enable local area resource planning on a more effective and efficient basis (Q & F Action 68)

KEY POINTS OF NOTE / KEY RESULT AREAS 2004

- Provision of DTSS Services in accordance with 2003 funded levels
- Joint Primary / Secondary Care Orthodontic assessment, treatment and planning clinics
- Implementation of Oral Health Promotion Programme
- Implementation and roll out of Dental Information System
- Continued implementation of 5 Year Dental Capital Programme
- Working with Local Authorities to improve water fluoridation compliance
11.2 AUDIOLOGY SERVICES

11.2.1 CONTEXT

ROLE AND PURPOSE

Comprehensive, quality oriented, timely and locally accessible community Audiology services including screening, diagnostic and rehabilitative services, are provided for children up to schooling age and to medical card holders.

NATIONAL AND REGIONAL POLICY FRAMEWORK

The delivery of Audiology services are influenced and guided by the following:

- Quality and Fairness - A Health System for You (2001)
- Best Health for Children (1999)

NEEDS ANALYSIS

Audiology services are provided in respect of:

- 65,224 children aged less than 18 years (with estimated additional 3,000 births per annum)
- Approximately 26,166 children regionally in primary schools
- 97,914 medical card holders regionally.

During 2003 there were an average of 100 referrals for audiology services per month. At the end of 2003, there are 235 adults and 117 children on the waiting list for audiology services.

11.2.2 BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

Core community based services include:

- Child developmental screening of children up to five years of age and school hearing screening of children in primary schools undertaken by Public Health Nurses
- Diagnostic and rehabilitative care of adults and children, hearing testing and supply of hearing aids and provision of ear-mould and repair / review clinics undertaken by an Audiology Scientist and Audiologists

Community based services are provided in association with acute service ENT Services.

Clinics are provided directly at 4 community-based locations in Sligo, Carrick on Shannon, Letterkenny and Stranorlar. These are augmented by extra clinics provided by the Audiology Department, Royal Victoria Hospital, Belfast. In 2003, a total of 454 clinics (432 directly provided by Board staff in the region and 22 by the Royal Victoria Hospital, Belfast) were provided.

ACHIEVEMENTS 2003

- Waiting list target of no adult waiting greater than 6 months for services achieved
- Facilities developed and service commenced in Stranorlar

This plan should be read in conjunction with the CEO's Statement and Overview (Section 1) and Population Health Section (Section 3) of this.
11.2.3 THE YEAR AHEAD

11.2.3.1 2003 ACTIONS ONGOING INTO 2004

- Complete installation of soundproof facilities in Sligo (Q & F Action 55)
- Linkage with secondary care ENT Services to undertake impression-taking at ENT Departments as a means of ensuring a more prompt supply of hearing aids for adults (Q & F Action 55)
- Achievement of waiting list target of no children waiting for services greater than 3 months in Sligo / Leitrim (Q & F Action 55)

11.2.3.2 AIMS AND OBJECTIVES

The aim and objective of the Audiology Service is to meet the needs of eligible adults and children who have hearing problems and deafness by:

1) Provision of appropriate and effective screening, diagnostic and rehabilitative services (Q & F Actions 44/53/55/101)

11.2.3.3 ACTIONS TO MEET OBJECTIVES

Objective 1): Provision of appropriate and effective screening, diagnostic and rehabilitative services (Q & F Actions 44/53/55/101)

- Publish and distribute Paediatric Audiology Information Packs (Q & F Action 44)
- Prepare recommendations for the development of an integrated Audiology service within the most appropriate setting (Q & F Action 53)
- Ensure adequate staffing to facilitate current and future service provision by:
  - Regularising existing staffing complement (Q & F Action 55)
  - Continuing sponsorship of MSc in Audiology studies student (Q & F Action 101)
  - Securing sponsorship for 2 Audiology students to commence training in 2004 (Q & F Action 101)
- Ensure adequate clinic / soundproof facilities (Sligo) / hearing aid / technical support resources (regionally) (Q & F Action 55)
- Provide 200 clinics in Stranorlar Primary Care Centre (Q & F Action 55)
- Agree Service Level Agreement with Royal Victoria Hospital, Belfast to provide 24 clinics (2 per month) during 2004 (Q & F Action 55)
ACTIVITY

Targets for the delivery of these services in 2004 are as detailed in the tables below.

<table>
<thead>
<tr>
<th>AUDIOLOGY</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Dgl  S/Lm</td>
<td>Total Dgl S/Lm</td>
<td>Total Dgl S/Lm</td>
<td>Total Dgl S/Lm</td>
</tr>
<tr>
<td>NEW REFERRALS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of new referrals</td>
<td>1530</td>
<td>845</td>
<td>685</td>
<td>1203</td>
</tr>
<tr>
<td>Comments: During 2003 the number of referrals was less than the estimated target by 327 (21%) as referrals are demand led. 2004 targets are based on 2003 service activity.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLINICS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of scheduled clinics provided</td>
<td>400</td>
<td>215</td>
<td>185</td>
<td>432</td>
</tr>
<tr>
<td>Comments: In 2003 additional (22) clinics were provided through service level agreement with Royal Victoria Hospital, Belfast, to meet waiting list targets of 0 for Adults waiting greater &gt; 6 months and Children waiting &gt; 3 months. Target for 2004, includes provision of 24 clinics by service level agreement with Royal Victoria Hospital, Belfast based on outturn 2003.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTENDANCES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of attendances</td>
<td>3710</td>
<td>2020</td>
<td>1690</td>
<td>3731</td>
</tr>
<tr>
<td>Comments: During 2003 attendances in Sligo / Leitrim were over target due to additional clinics being provided. The target figure of 2020 set for Donegal in respect of 2003, was based on 2 full time Audiologists being in post. However, the second Audiologist did not take up post until mid 2003 and therefore the target was not achieved. The 2004 targets are set in accordance with the scheduled number of clinics proposed for the year.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEARING AIDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of Hearing Aids supplied</td>
<td>1200</td>
<td>1200</td>
<td>1344</td>
<td>1344</td>
</tr>
<tr>
<td>Comments: In 2003, in response to demand and need for hearing aids, the number of hearing aids supplied exceeded the target figure based on availability of once off funding. The 2004 target is based on the available funding at the beginning of 2003.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WAITING LISTS

| Waiting Lists – Adults | | | | |
| Test (only) | | | | |
| Total number of adults on waiting list (test and fit) | 250 | 140 | 110 | 235* | 129* | 106* | -6% | -6% | -4% | 80 | 40 | 80 |
| Adults waiting > 6 months | | | | |
| Test (only) | | | | |
| Total number of adults waiting > 6 months (test and fit) | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0% | 0 | 0 | 0 |
| Waiting Lists – Children | | | | |
| Test (only) | | | | |
| Total number of children on waiting list (test and fit) | 180 | 140 | 40 | 112* | 50 | 62 | -35% | -62% | +60% | 130 | 85 | 45 |
Audiology Services Financial Statement & Service Plan '2004

Audiology Services

<table>
<thead>
<tr>
<th>AUDIOL0GY</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total DSl S/Lm</td>
<td>Total DSl S/Lm</td>
<td>Total DSl S/Lm</td>
<td>Total DSl S/Lm</td>
</tr>
<tr>
<td>Children waiting &gt; 3 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Test (only)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total number of children</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>waiting &gt; 3 months (test and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fit)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Comments: During 2003 waiting list targets were achieved except for children in Sligo / Leitrim. However there are no children waiting > 3 months for the service. *Target figures and out-turn figures for adults and children in respect of 2003 were set including adults and children waiting for both hearing tests and appliance fitting (test and fit). However waiting list targets for 2004 are set for Test only and targets set accordingly.

SCHOOLS SCREENING

Number of children in designated classes in Primary Schools receiving Audiology Screening during the period Sept 03 – Aug 04

| Number of children | 3038 | 1938 | 1100 | 5151 | 1997 | 3154 | +70% | +3% | +186% | 1,077 | 967 | 110 |

Comments: Out-turn for 2003 is in respect of school year Sept 02 – June 03, includes in some instances, smaller schools i.e. children in classes other than designated classes screened. 2004 target figures are based on the number of children to be screened during the period Jan – Aug 04 in respect of school year which commenced Sept 03. 1,981 children out of a target number of 5,038 were screened during Sept – Dec 03 (Donegal x 971 out of a target number of 1,838 and Sligo / Leitrim x 990 out of a target number of 1,100)

EAR MOULD AND REPAIR CLINICS

| Number of clinics provided | 36 | 18 | 18 | 37 | 18 | 19 | +6% | 0% | +6% | 36 | 18 | 18 |
| Number of attendances at these clinics | 225 | 91 | 141 | 232 | 91 | 141 | +6% | 0% | +6% | 36 | 18 | 18 |


PERFORMANCE INDICATORS

Currently, there are no National Performance Indicators in respect of Audiology Services. Performance is monitored through specific targets, which are included in the tables of activity / operational plan.

LETTER OF DETERMINATION FUNDING 2004

No additional funding has been provided in the Letter of Determination in respect of Audiology Services.

* Activity is in respect of school year September 2003 – June 2004 and will be reported only in Quarter 3
11.2.3.4 KEY ISSUES FOR THE YEAR AHEAD

Apart from the generic key issues as referred to in the CEO's Statement and Overview (Section 1), specific key issues for Audiology Services are as follows:
- Further consolidation / integration of service following full transfer to the Board in January 2003
- Agreement on level of service provision with Audiology Department, Royal Victoria Hospital, Belfast.

11.2.3.5 MONITORING MECHANISMS AND EVALUATION

MONITORING MECHANISMS

Apart from the generic monitoring mechanisms as referred to in the CEO's Statement and Overview (Section 1), a further specific monitoring mechanism for Audiology Services is as follows:
- Monitoring waiting lists and waiting times.

EVALUATION

Ongoing evaluation will continue but no formal evaluation is planned for 2004.

11.2.3.6 RESEARCH, QUALITY AND VALUE FOR MONEY INITIATIVES

RESEARCH

No specific research project is planned for 2004 within the service. Best practice evidence will continue to be used to guide service provision.

QUALITY

Quality initiatives will include:
- Adoption of protocol for best practice arrangements with National Association for Deaf Persons regarding support to persons with tinnitus and implementation of protocol within existing funding / resource levels (Q & P Action 63)
- Commencement of the process of implementation of the findings of the Consumer (Children's Services) Evaluation Survey undertaken in 2003 (Q & P Action 68)

VALUE FOR MONEY INITIATIVES

Apart from the generic value for money initiatives as referred to in the CEO's Statement and Overview (Section 1), specific value for money initiatives for Audiology Services are as follows:
- Monitoring of expenditure to ensure compliance with value for money practices including travel expenses, use of meeting venues etc.
- Adherence to Corporate Procurement policy
- Service Level Agreement with Audiology Department Royal Victoria Hospital Belfast

KEY POINTS OF NOTE / KEY RESULT AREAS 2004

- Continue consolidation / integration of service including human resource and facilities development
- Achieve waiting list target of no adult waiting > 6 months and no child waiting > 3 months for services
11.3 FOOD SAFETY AND ENVIRONMENTAL HEALTH

11.3.1 CONTEXT

ROLE AND PURPOSE

The purpose of the Environmental Health Service is to provide an effective service for the promotion and protection of health in the community by monitoring environmental health factors that adversely affect the health of the general population, by enforcing relevant legislation, and through education and training.

NATIONAL AND REGIONAL POLICY FRAMEWORK

- Service delivery to the whole community is determined by the duties and responsibilities laid down in statutory instruments and service agreements with Local Authorities and others and contractual obligations with the Food Safety Authority of Ireland (FSAI)
- Quality and Fairness - A Health System for You (2001)
- Tobacco (Health Promotion and Protection) Regulations 1995.

NEEDS ANALYSIS

The needs of the service are determined mainly by ongoing surveillance through the day-to-day operation of the service. The total number of food premises in the region is 2,874 of these:

- 1,640 are high risk with a minimum of three inspection per annum*
- 176 are medium risk with a minimum of two inspections per annum*
- 1,058 are low risk with a minimum of 1 inspection per annum*

*Number of inspections as recommended by the FSAI.

11.3.2 BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

Environmental Health services are provided by Environmental Health Officers and Environmental Health Technicians (Pest Control) and are wide ranging as set out below:

Food Control
- Inspection of Food Premises
- Sampling of Foodstuffs
- Sampling of water used in the preparation of food
- Food Hygiene Training
- Support in the implementation of Food Safety Management Systems
- Food Poisoning outbreak control

Tobacco Control
- Inspection of Designated Areas
- Prevention of sales of tobacco products to persons under 18 years
- Health Promotion in relation to Tobacco Control

Environmental Health
- Sampling of Public drinking water supplies, Group water schemes and private supplies
- Inspection of Housing accommodation to determine fitness for human habitation
- Examination of plans for new developments
- Investigation of Public Health nuisances
- Prevention of infestation of rats and mice
- Licensing premises for the sale of poisons
- Supervision of exhumations
- Inspection of caravan sites
- Pest control within Health Board food premises
- Collection of clinical waste from Health Centres

This plan should be read in conjunction with the CEO’s Statement and Overview (Section 1) and Population Health Section (Section 3) of this Service Plan.
• Infectious Disease control
• Inspection of Pre-schools.

ACHIEVEMENTS 2003

• Tobacco control – compliance building and tobacco free initiatives
• Comprehensive review process on Board’s food safety enforcement activities largely complete
• Environmental Health Quality Management System / Accreditation
• Implementation of Food Safety Quality Management System
• No major food ‘outbreaks’

11.3.3 THE YEAR AHEAD

11.3.3.1. 2003 actions ongoing into 2004

• Completion of Review of the Board’s Food Safety Enforcement Activities (Q & F Action 68)

11.3.3.2 AIMS AND OBJECTIVES FOR 2004

The Environmental Health Service, in partnership with the public, consumers, business proprietors and other state agencies aims to deliver the Board’s contractual and public health obligations in relation to targeted food, tobacco, pre-school premises inspections, water sampling, investigation of public health complaints, housing and planning applications, etc. The objectives that will guide the overall provision of Environmental Health Services during 2004 are set out below.

i) To implement actions in pursuit of Tobacco control including the carrying out of inspections of designated premises for the purpose of Tobacco control (Q & F Actions 5/6)

ii) To continue to deliver the Board’s contractual obligations in relation to Food Control / Food Safety Management (Q & F Actions 17/63/68)

iii) To continue to carry out required baseline activities and related functions – water quality, pest control, clinical waste, pre school inspections etc (Q & F Action 63)

iv) To continue to provide a broad range of services for Local Authorities (Q & F Action 72)

11.3.3.3 ACTIONS TO ACHIEVE OBJECTIVES

Objective i): To implement actions in pursuit of tobacco control including the carrying out of inspections of designated premises for the purpose of Tobacco control (Q & F Actions 5/6)

• Implement a comprehensive campaign to reduce the incidence of young people smoking (Q & F Action 5)
• Deliver the Board’s statutory obligations and maintain existing service level, including Test purchases, within available resources (Q & F Action 5)
• Carry out a programme of inspections of public houses and restaurants to support the enforcement of the Tobacco Smoking (Prohibition) Regulations 2003 (Q & F Action 6)
**Objective II:** To continue to deliver the Board’s contractual obligations in relation to Food Control / Food Safety Management (Q & F Actions 63 / 68)

- Deliver the Board’s contractual obligations and maintain existing service level within available resources to ensure the well-being of the population.
- Implement both system and infrastructural recommendations of HACCP report within available resources under the Minor Capital Programme (Q & F Action 63).
- Complete the Review of the Board’s Food Safety Enforcement Activities (Q & F Action 68).

**Objective III:** To continue to carry out required baseline activities and related functions—water quality, pest control, clinical waste, pre school Inspections etc. (Q & F Action 63)

- Continue to take samples of drinking water for bacteriological, chemical, and fluoride analysis within agreed funding levels (Q & F Action 63).
- Continue Inspections of pre-schools, processing poison licenses and carry out Health Board pest control treatments (Q & F Action 63).

**Objective IV:** To continue to provide a broad range of services for Local Authorities (Q & F Action 72)

- Continue to provide services to Local Authorities in the Board’s region in line with agreed and funded levels of service between the Local Authority and the Board (Q & F Action 72).

**ACTIVITY**

Targets for the delivery of these services in 2004 are as detailed in the tables below.

<table>
<thead>
<tr>
<th>ENVIRONMENTAL HEALTH</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Dgl</td>
<td>S/Lm</td>
<td>Total</td>
</tr>
<tr>
<td>FOOD CONTROL/Food SAFETY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INSPECTIONS OF FOOD PREMISES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Number of Inspections of food premises by high risk category | 2334* | 1125* | 1209 | 2376 | 1103 | 1273 | *2% | -2% | +5% | 3335 | 1705 | 1630 |
| Number of Inspections of food premises by medium risk category | 97* | 14 | 83 | 88 | 11 | 77 | -9% | -21% | -7% | 107 | 34 | 73 |
| Number of Inspections of food premises by low risk category | 148* | 37 | 111 | 162 | 48 | 114 | +6% | +29% | +2% | 45 | 15 | 30 |

Comments: *2003 inspection targets were revised in Quarter 3 2003 due to staff involvement in the Regional Food Safety Review and staff vacancies in Donegal. 2003 revised targets were achieved. In order to compensate for non-achievement of original targets during 2003, priority to be given to high risk premises inspections in 2004 and target figure is calculated accordingly. Because of this the targets for low risk premises inspections are decreased. However additional Inspections in any of the 3 categories will be carried out in response to complaints received.

| FOOD SAMPLES |

| Number of food samples for Chemical analysis | 619 | 359 | 250 | 726 | 442 | 284 | +17% | +23% | +9% | 619 | 359 | 250 |
| Number of food samples for microbiological analysis | 1078 | 576 | 500 | 1199 | 641 | 558 | +11% | +11% | +11% | 1078 | 576 | 500 |
| Number of food samples for radiological analysis | 70 | 70 | 70 | 70 | 70 | 70 | 0% | 0% | 0% | 36 | 12 | 24 |

Comments: During 2003 targets in respect of food samples were exceeded in response to food issues, which arose during the year. 2004 targets are based on activity as per FSAI recommendations in addition to responses to requests / complaints.
### ENVIRONMENTAL HEALTH

<table>
<thead>
<tr>
<th>Food Safety &amp; Environmental Health</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Dgl</td>
<td>S/Lm</td>
<td>Total</td>
</tr>
<tr>
<td><strong>FOOD HYGIENE COURSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Basic Food Hygiene Courses</td>
<td>30</td>
<td>20</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Number of Management Food Hygiene Courses</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOBACCO CONTROL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Test Purchases</td>
<td>100</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Total number of tobacco control inspections</td>
<td>1489**</td>
<td>967**</td>
<td>502**</td>
<td>1569</td>
</tr>
</tbody>
</table>

** Comments:** In Donegal, 2003 target not achieved due to staff involvement in Regional Food Safety Review and staff vacancies. 2004 target figure is based on overall planned service activity.

### WATER QUALITY (LOCAL AUTHORITY & HEALTH BOARD)

<table>
<thead>
<tr>
<th>Water Samples</th>
<th>Number of public drinking water samples</th>
<th>Number of group drinking water schemes samples</th>
<th>Number of private drinking water samples</th>
<th>Number of water samples for the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3064</td>
<td>1440</td>
<td>1624</td>
<td>3051</td>
</tr>
<tr>
<td></td>
<td>898</td>
<td>360</td>
<td>538</td>
<td>522</td>
</tr>
<tr>
<td></td>
<td>995</td>
<td>240</td>
<td>355</td>
<td>184</td>
</tr>
</tbody>
</table>

** Comments:** 2003 water sampling targets were based on 2002 activity, however 2003 outturn reflects Local Authority requests. 2004 targets are estimated based on 2003 activity and will be the subject of a service level agreement with the relevant Local Authorities. During 2003, in Donegal, sampling for THM's was and continues to be carried out by Donegal County Council, while in Sligo / Leitrim, samples for THM's are below target as testing is undertaken as a secondary test in response to high readings e.g. coliforms. Target for 2004 is estimated based on 2003 activity.

** Comments:** *The target in respect of water samples for the Dialysis Unit at Sligo General was previously Incorrectly advised as 144 instead of 44, which has been corrected.

### POISON LICENCES

| Poison Licences | Number of poison licences processed | 29 | 0 | 2 | 3 | 0 | 3 | +50% | 0 | +50% | 29 | 11 | 18 |

** Comments:** #Poison licences must be renewed every 2 years. At the start of 2003 there were a total of 32 licenced premises throughout the region (Donegal x 11 and Sligo / Leitrim x 21). The target in respect of the number of poison licence s to be processed in 2003 was previously incorrectly advised as 32 - the total number for 2 year target rather than the annual number i.e., 2 as indicated above in Sligo / Leitrim. The remaining number of poison licences are due for renewal in 2004. 2003 target of 2 licences therefore exceeded due to a new application being received in 2003. 2004 target based on actual number due for renewal.

### PRE-SCHOOL INSPECTIONS

| Pre-school inspections | Number of statutory inspections | 251 | 120# | 131 | 216 | 123 | 93 | -14% | +3% | -29% | 230 | 114 | 116 |

** Comments:** Inspections reflected above relate to inspections undertaken by Environmental Health service. Information on pre-school inspections is also reported on in the Children's Services service activity section (reflecting Public Health Nurse inspections). Variations in the levels of inspections undertaken and reported on above end in the Children's Services section is due to Inspection being undertaken separately by Public Health Nurses and Environmental Health Officers. 2004 target is based on the number of pre-schools in the region at 2003 year-end.

#Target in respect of Inspections in Donegal previously incorrectly advised as 262 instead of 120, which has been corrected.
PERFORMANCE INDICATORS

The relevant performance indicators from the national suite against which the Board will report in 2004 are OH1 – OH2 and include a focus on targeted inspections of food premises, food sampling and Tobacco (Health Promotion and Protection) Regulations 1995 S.I. No. 359 of 1995.

Specific targets (where possible) in respect of these performance indicators are included in the table of activity / operational plans.

Letter of Determination Funding 2004

Additional funding has been received in the Letter of Determination in respect of Food Safety and Environmental Health Services. The allocation of this funding together with the associated actions has been identified in the table below.

<table>
<thead>
<tr>
<th>Service Objectives</th>
<th>Actions to achieve Objectives</th>
<th>L.O.D. Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective II) Section 11.3.3.2</td>
<td>Roll out Environmental Health ICT System in Sligo / Leitrim Community Services area Funding is provided on a once off basis in respect of the Environmental Health Food Control Service IT System</td>
<td>0.020 (once off)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>0.020M</strong></td>
</tr>
</tbody>
</table>

11.3.3.4 KEY ISSUES FOR THE YEAR AHEAD

Apart from the generic key issues as referred to in the CEO’s Statement and Overview (Section 1), a specific key issue for Food Safety and Environmental Health is:

- Compliance with the FSAI Contract.

11.3.3.5 MONITORING MECHANISMS AND EVALUATION

MONITORING MECHANISMS

Apart from the generic monitoring mechanisms as referred to in the CEO’s Statement and Overview (Section 1), specific monitoring mechanisms for Food Safety and Environmental Health are as follows:

- Monthly activity reports – specific performance on FSAI and Tobacco Control
- Monitoring of service level agreements with Local Authorities
- Review and monitoring meetings will take place with; and activity reports will be submitted to; the Food Safety Authority of Ireland in accordance with requirements.

EVALUATION

Formal evaluation planned for 2004 includes:

- Continued evaluation of services in respect of food control activities in conjunction with the upgrade quality management system management review (Q & F Action 63)
- Evaluation of the 'Just Ask' Tobacco Control Campaign (Q & F Action 68)
11.3.3.6 RESEARCH, QUALITY AND VALUE FOR MONEY INITIATIVES

RESEARCH

No specific research project is planned for 2004 within the service. Best practice evidence will continue to be used to guide service provision.

QUALITY

Quality initiatives will include:

- Establishment of Food Proprietor Consumer Panel in Donegal (Q & F Action 52)

VALUE FOR MONEY INITIATIVES

Apart from the generic value for money initiatives as referred to in the CEO's Statement and Overview (Section 1), specific value for money initiatives for Food Safety and Environmental Health are as follows:

- Adherence to Corporate procurement policy
- Monitoring expenditure to ensure it complies with value for money initiatives including travel expenses, use of meeting venues etc

KEY POINTS OF NOTE / KEY RESULT AREAS 2004

- Achievement of Tobacco Control food premises and pre-school inspection targets
- Implementation of Tobacco Smoking (Prohibition) Regulations 2003
- Completion of Review of the Board's Food Safety Enforcement Activities
- Roll out of the Environmental Health ICT System in Sligo / Leitrim Community Services area
- Maintenance of the Food Control Quality Management System to accredited ISO 9001 2000 standards
- Maintenance of record of no major food 'outbreaks'
11.4 COMMUNITY OPHTHALMIC SERVICES

11.4.1 CONTEXT

ROLE AND PURPOSE

The purpose of the Regional Ophthalmic Service is to provide accessible and appropriate services to the eligible population in order to achieve and maintain optimum vision.

Services are provided to:
- Children identified at developmental examination and / or primary school vision screening
- Adults with suspected eye disease who have medical cards and are referred by GPs to the Community Ophthalmic Physicians
- Adults and dependent children with medical cards who are approved to attend Community Optometrists for the purpose of sight testing and supply of spectacles
- Adults and children requiring post surgical and ongoing management of special eye conditions.

Early diagnosis and effective treatment is a key factor in responding to the vision and medical eye problems of the eligible population.

NATIONAL AND REGIONAL POLICY FRAMEWORK

Services are provided in accordance with:
National strategies / policies
- Diabetes Care: Securing the Future (2002)
- Quality and Fairness - A Health System for You (2001)
- National Community Ophthalmic Services Scheme (1999)
- Best Health for Children (1999)

Board strategies / policy

NEEDS ANALYSIS

Community Ophthalmic services are provided in respect of:
- 65,224 children aged less than 18 years (with estimated additional 3,000 births per annum)
- Approximately 26,166 children regionally in primary schools
- 97,914 medical card holders regionally.

During 2003 there were an average of 250 referrals for Community Ophthalmic Physician services per month, with an average of 1,276 authorisations per month for the Community Ophthalmic Services Scheme. At the end of 2003 there are 335 adults and 356 children on the waiting list for Ophthalmic Services.

This plan should be read in conjunction with the CEO's Statement and Overview (Section 1) and Population Health Section (Section 3) of this Service Plan.
11.4.2 BRIEF OUTLINE OF SERVICE PROVIDED

Core Services provided include:

- Vision and screening for children by public health doctors and nurses
- Post-screening assessment and treatment of children by Orthoptists
- Assessment / treatment of adults, with medical conditions of the eye, and children by Community Ophthalmic Physicians
- Sight testing and supply of glasses by Optometrists in accordance with the Community Ophthalmic Services Scheme
- Pre and post operative assessment / follow up by Community Ophthalmic Physician and Ophthalmic Nurse
- Specialist support from Consultant Ophthalmologist / Regional Eye Unit.

Clinics are provided at 14 community based locations in the region by 3.25 WTE Ophthalmic Physicians, 2 WTE Orthoptists and 2.5 WTE Ophthalmic Nurse. The Regional Eye Unit at Sligo General Hospital led by 2 Consultant Ophthalmologists supports the service.

ACHIEVEMENTS 2003

- Establishment of a modern and innovative Diabetic Retinopathy screening service on a pilot basis approved and planning for service commencement was ongoing
- Waiting list target of no adult waiting greater than 6 months for services achieved
- Community Ophthalmic Services Scheme provision in accordance with 2003 funded levels and in response to demand

11.4.3 THE YEAR AHEAD 2004

11.4.3.1 2003 ACTIONS ONGOING INTO 2004

The following actions planned for 2003 will form part of ongoing work in 2004.

- Achievement of Orthoptist waiting list target in Donegal (Q & F Action 55)
- Achievement of waiting list target of no children waiting greater than three months for services in Sligo / Leitrim (Q & F Action 55)
- Commencement of Pilot Mobile Diabetic Retinopathy Screening programme (Q & F Action 87)

11.4.3.2 AIMS AND OBJECTIVES

The aim and objective of the Community Ophthalmic Service is to:

i) Provision of appropriate and accessible ophthalmic services (Q & F Action 44/55)

11.4.3.3 ACTIONS TO MEET OBJECTIVES

Objective i): Provision of appropriate and accessible ophthalmic services (Q & F Action 44/55)

- Publish and disseminate Information Pack on Ophthalmic Service (Q & F Action 44)
- Provide Community Ophthalmic Physician Clinics (Q & F Action 55)
- Establish Community Ophthalmic Physician service in West Sligo (Q & F Action 55)
- Commence Regional Mobile Diabetic Retinopathy Screening programme (Q & F Action 55)
- Undertake pilot project on Orthoptist-led screening in Donegal (Q & F Action 55)
ACTIVITY

Targets for the delivery of these services in 2004 are as detailed in the tables below.

<table>
<thead>
<tr>
<th>OPHTHALMICS</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Dgl</td>
<td>S/Lm</td>
<td>Total</td>
</tr>
<tr>
<td>NEW REFERRALS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of new referrals</td>
<td>3050</td>
<td>2000</td>
<td>1050</td>
<td>3000</td>
</tr>
<tr>
<td>Total</td>
<td>3000</td>
<td>2294</td>
<td>706</td>
<td></td>
</tr>
</tbody>
</table>

Comments: Sligo / Leitrim 2003 referral target of 1,050 was based on out-turn figure for 2002 of 970, however, figure 970 was overstated due to carry over from previous year (2001) and therefore target not achieved in 2003. Donegal referral rates were marginally ahead for the year. The target for 2004 is based on 2003 out-turn - Referral numbers reflect demand.

CLINICS

| Number of scheduled clinics provided | 685 | 400 | 285 | 678 | 430 | 248 | -1% | +8% | -13% |
| Total | 690 | 430 | 260 |

Comments: In Sligo / Leitrim target number of clinics was not achieved due to the participation of the Community Ophthalmic Physician on the Project Team for the Pilot Mobile Diabetic Retinopathy Screening Service. Donegal exceeded target due to provision of additional clinics in response to referral numbers. 2004 target is based on planned schedule of clinics.

ATTENDANCES

| Number of attendances | 9400 | 6000 | 3400 | 9638 | 6566 | 3070 | +3% | +9% | -10% |
| Total | 9636 | 6600 | 3070 |

Comments: Attendance figures reflect clinic activity. Donegal exceeded referral target due to provision of additional clinics to meet waiting list target, and in Sligo / Leitrim attendances were under target accounted for by reduced number of clinics (see comment re clinics above). Targets for 2004 are in accordance with number of clinics planned.

WAITING LISTS

| Waiting Lists - Adults | 400 | 300 | 100 | 335 | 300 | 35 | -16% | 0% | -65% |
| Adults waiting > 6 months | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0% |
| Waiting Lists - Children | 350 | 100 | 250 | 356 | 120 | 236 | -1% | -20% | -5% |
| Children waiting > 3 months | 0 | 0 | 0 | 71 | 0 | 71 | -100% | 0% | +100% |

Comments: Waiting list targets achieved in respect of adults in 2003. In Donegal, 2003 targets for children were met while in Sligo / Leitrim due to decreased number of clinics provided (see comment re clinics above), target of 0 was not achieved for children waiting > 3 months. During 2004 emphasis will continue to be placed on ensuring that adults are not waiting > 6 months and children are not waiting > 3 months.

SCHOOLS SCREENING

| Number of children in designated classes in Primary Schools receiving Ophthalmic Screening during the period Sept 03 - Aug 04 | 10682 | 6162 | 4500 | 12523 | 6112 | 6411 | +17% | -1% | +42% |
| Total | 6606 | 4581 | 2045 |

Comments: Out-turn for 2003 is in respect of school year Sept 02 – June 03. Includes in some instances, smaller schools i.e. children in classes other than designated classes screened however efforts are being made to collect and reflect activity in respect of designated classes only. In 2004 target figures are based on children in designated classes to be screened during the period Jan – Aug. In respect of school year which commenced Sept 03. Out of the school year target number of children for screening 10,682, a total of 4,056 children screened (Donegal x 1,801 of a target of 8,162 and Sligo/Leitrim 2,455 of a target 4,500) during the period Sept 03 - Dec 03.

*In respect of school year September 03 – June 04 and will be reported only in Quarter 3.
Financial Statement & Service Plan 2004

Community Ophthalmic Services

<table>
<thead>
<tr>
<th>OPTHALMICS</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Dgl</td>
<td>S/Lm</td>
<td>Total Dgl</td>
<td>S/Lm</td>
<td>Total Dgl</td>
</tr>
<tr>
<td>Number of authorisations</td>
<td>16038</td>
<td>10976</td>
<td>5050</td>
<td>15307</td>
</tr>
</tbody>
</table>

Comments: The number of authorisations during 2003 is under target by 5% and reflects current level of demand. Target for 2004 is dependent on available funding and is calculated based on average cost per authorisation. It is anticipated that, given the current zero waiting list positions at 31st December 2003, the expected demand in 2004 will be 13,300 cases. The additional funding requirements to meet this level of demand is €0.130m and discussions will be held with the Department of Health and Children with a view to securing funding support. If additional funding is not obtained then consideration will be given to funding the required Optometry authorisations from cost savings elsewhere in the service.

COMMUNITY ORTHOPTIST

ORTHOPTIST WAITING LISTS

Waiting Lists – Children

|          | 200 | 200 | 250 | 250 | +25% | 180 | 180 |

Comments: 2003 waiting list target not achieved however it is anticipated with the appointment of 2nd Orthoptist in Donegal in October 2003, target 2004 will be met.

PERFORMANCE INDICATORS

Currently, there are no National Performance Indicators in respect of Community Ophthalmic Services. Performance is monitored through specific targets, which are included in the tables of activity / operational plans.

LETTER OF DETERMINATION FUNDING 2004

Additional funding has been provided in the Letter of Determination in respect of Community Ophthalmic Services. The allocation of this funding together with the associated actions has been identified in the table below.

<table>
<thead>
<tr>
<th>SERVICE OBJECTIVES</th>
<th>ACTIONS TO ACHIEVE OBJECTIVES</th>
<th>L.O.D. FUNDING €m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1) Section 11.4.3.2</td>
<td>Provision of Adult Community Optometric Scheme Services</td>
<td>0.081 (once off)</td>
</tr>
<tr>
<td></td>
<td>Funding is provided on a once off basis in respect of the provision of Adult Community Optometric Scheme Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The provision of this funding in 2004, restores the 2003 funding level, with the € 0.081m provided on a once off basis in 2003 replaced with a similar amount of € 0.081m in 2004</td>
<td></td>
</tr>
</tbody>
</table>
## Service Objectives

### Provision of Adult Community Optometric Scheme Services
- **Objective**: Provision of Adult Community Optometric Scheme Services in respect of persons with eligibility under both the Medical Card and Department of Social and Family Affairs Schemes.
- **Funding**: Funding is provided on a once off basis in respect of increased costs/demands on the Adult Community Optometric Schemes arising from the dual eligibility agreement with the Department of Social and Family Affairs.
- **Detail**: Funding of €0.400m provided in 2003 on a once off basis has been withdrawn and the funding allocation of €0.195m therefore represents a net decrease of €0.205m on the 2003 funding level. Services will be provided in line with the targets set and consideration will be given to funding any additional authorisations required from savings elsewhere, if additional funding cannot be secured from the Department of Health and Children.

### Provision of Pilot Mobile Diabetic Retinopathy Screening Service
- **Funding**: Funding is provided on an ongoing basis in respect of full year costs of this service (Total available funding in 2004 is €0.259m).

<table>
<thead>
<tr>
<th>Service Objectives</th>
<th>Actions to Achieve Objectives</th>
<th>L.O.D. Funding €m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1</td>
<td>Provision of Adult Community Optometric Scheme Services</td>
<td>0.195 (once off)</td>
</tr>
<tr>
<td></td>
<td>Provision of Pilot Mobile Diabetic Retinopathy Screening Service</td>
<td>0.110 (ongoing)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>0.386M</td>
</tr>
</tbody>
</table>

### Key Issues for the Year Ahead

- **Apart from the generic key issues as referred to in the CEO’s Statement and Overview**: Further specific key issue in respect of Community Ophthalmic Services is as follows:
  - Recruitment of staff to commence Mobile Diabetic Retinopathy Screening Programme.

### Monitoring Mechanisms and Evaluation

#### Monitoring Mechanism

Apart from the generic monitoring mechanisms as referred to in the CEO’s Statement and Overview, waiting Lists and waiting times for Community Ophthalmic Services will be closely monitored.

#### Evaluation

Evaluation of the Pilot Mobile Retinopathy Screening Service will be conducted in line with the requirements of the Department of Health and Children.

### Research, Quality and Value for Money Initiatives

#### Research

No specific research project is planned for 2004 within the service. Best practice evidence will continue to be used to guide service provision.
QUALITY

No specific quality initiatives are planned for 2004 within the service.

VALUE FOR MONEY INITIATIVES

Apart from generic value for money initiatives as referred to in the CEO’s Statement and Overview (Section 1), specific value for money initiatives for Community Ophthalmic Services are as follows:

- Monitoring of expenditure to ensure compliance with value for money initiatives including travel expenses, use of meeting venues etc
- Adherence to Corporate Procurement policy
- Service level agreements / contracts.

KEY POINTS OF NOTE / KEY RESULT AREAS 2004

- Provision of Community Ophthalmic Services in accordance with funded levels
- Achievement of national waiting list targets of no adult waiting greater than 6 months and no child waiting greater than 3 months for treatment
- Commencement of Mobile Diabetic Retinopathy Screening service
11.5 ISLAND HEALTH

11.5.1 CONTEXT

ROLE AND PURPOSE

The intention of the Board is to provide services to Island communities – principally Arranmore and Tory Islands in Co Donegal - on an equitable basis with the mainstream population in partnership with the Island communities and other statutory agencies.

NATIONAL AND REGIONAL POLICY FRAMEWORK

The principal and legislative framework guiding the provision of these services includes:

- Beyond the Edge - Women on Off Shore Islands (2001)
- Primary Care A New Direction (2001)
- Quality and Fairness - A Health System for You (2001)
- Recommendations of the Inter-Departmental Co-ordination Committee on Island Development (1996)

Regional policies include:

- Primary Health Care in the North West (1999)
- Furthering Consumer Involvement (1999)

NEEDS ANALYSIS

The total island population in the North West region is 693 - Arranmore 543 and Tory Island 150. Of this population, 164 people are aged over 65 years - Arranmore 140 (26%) and Tory Island 24 (16%). This older people population represents 26% of the Island population compared to the regional figure of 13% aged over 65 years.

There are 609 medical card holders on the Islands i.e. 87% of the Island population have General Medical Services eligibility.

The remoteness of the islands and their comparatively smaller population densities pose particular challenges to the Board in its efforts to provide a similar range of locally-based services to that available on the mainland. Table 11.5.1 below presents a profile of the Island populations.

Table 11.5.1 Island Population Profile

<table>
<thead>
<tr>
<th>Island</th>
<th>Total Population</th>
<th>Population Aged Over 65 years</th>
<th>Medical Card Holders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arranmore</td>
<td>543</td>
<td>140 (26%)</td>
<td>484 (89%)</td>
</tr>
<tr>
<td>Tory</td>
<td>150</td>
<td>24 (16%)</td>
<td>125 (83%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>693</td>
<td>164 (24%)</td>
<td>609 (87%)</td>
</tr>
</tbody>
</table>

11.5.2 BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

A significant range of primary care services is provided either through permanent provision or by way of a regular visiting service to the island populations. A profile of these services is presented in Table 11.5.2 below.

*This plan should be read in conjunction with the CEO's Statement and Overview (Section 1) and Population Health Section (Section 3) of this*
Table 11.5.2 Profile of Current Service Provision Arranmore and Tory Islands

<table>
<thead>
<tr>
<th>Service</th>
<th>Arranmore Island</th>
<th>Tory Island</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Provision</td>
<td>Visiting Service</td>
<td>Permanent Provision</td>
</tr>
<tr>
<td>Health Promotion Information / Training</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Primary Care GP Service</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Public Health Nursing</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Community Welfare Service</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Dental</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Chiropody</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Ophthalmic Services</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Continence Promotion / Care</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Home Support / Respite</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Carer Support and Training</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Day Services</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

In addition, services are provided by way of a planned provision on the Islands on a once-off basis depending on need or in response to specific urgent requirements.

**ACHIEVEMENTS 2003**

- Tele-health Care feasibility study completed
- Specified services provided including health professional services and female general practitioner services
- Home Support Scheme
  - Services provided
  - Scheme reviewed

**11.5.3 THE YEAR AHEAD**

**11.5.3.1 2003 ACTIONS ONGOING INTO 2004**

All actions were progressed satisfactorily in 2003.

**11.5.3.2 AIMS AND OBJECTIVES**

The aims and objectives are to:

1. **Maintain existing services currently provided on the Islands including regular services delivered on a visiting basis (Q & F Actions 54/55)**
2. **Develop further services and actions to minimise inequities due to remoteness (Q & F Action 26/117)**

**11.5.3.3 ACTIONS TO MEET OBJECTIVES**

**Objective 1:** Maintain existing services currently provided on the Islands including regular services delivered on a visiting basis (Q & F Actions 54 / 55)

- Continue to provide training for Carers on the Islands in partnership with Vocational Educational Committee (VEC) and local communities (Q & F Action 54)
- Provide female GP sessions on Islands (Q & F Action 55)
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Island Health

- Continue to provide continence clinics on the Islands (Q & F Action 55).
- Continue to provide dental sessions on Arranmore Island (Q & F Action 55).
- Continue to provide dental screening session on Tory Island (Q & F Action 55).
- Continue to deliver other current service provision on the islands (Q & F Action 55).

Objective II: Develop further services and actions to minimize inequities due to remoteness (Q & F Actions 26/117)

- Commence construction of residential facility on Arranmore Island in partnership with Comharchumann Oilean Anrain Mhor Teo, Social Housing Association (Q & F Action 26).
- Exploit opportunities to expand the range of services to be provided from the new primary care centre on Tory Island in partnership with the local community (Q & F Action 26).
- Implement action plan/service improvements in line with the recommendations of the ‘Home Support Scheme for Carers’ review within available resources (Q & F Action 26).
- Develop telehealthcare facilities on both Islands to ensure improved access to services for the Island communities (Q & F Action 117).

ACTIVITY

Targets for the delivery of these services in 2004 are as detailed in the tables below.

<table>
<thead>
<tr>
<th>ISLAND HEALTH</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>A/more</td>
<td>Tory</td>
<td>Total</td>
</tr>
<tr>
<td>G.P. SERVICES</td>
<td>Frequency of GP Provision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F/Time</td>
<td>F/night</td>
<td>F/Time</td>
<td>F/night</td>
</tr>
<tr>
<td>Number of female GP sessions provided</td>
<td>12</td>
<td>9</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>

Comments: *Annual targets as previously advised i.e. 16 sessions - Arranmore 10 sessions and Tory 6 revised in Quarter 3 due to delay in service provider identification and consequently service commencement. Targets therefore revised accordingly to 12 i.e. Arranmore 9 sessions and Tory 3 sessions. Revised target not achieved due to further delay in service provider identification and consequently services did not commence on the Islands until later in the year. 2004 target is based on planned scheduled service provision.*

HOME HELP

Number of Older People who received Home Help

| Number of Older People who received Home Help | 71 | 65 | 3 | 75 | 72 | 3 | +6% | +6% | 0% | 21 | 18 | 3 |

Comments: Annual targets in respect of both islands achieved. However 2003 annual target of 68 in respect of Arranmore Island is based on 2002 out-turn which used a cumulative number of Older People in receipt of home help services over the period of the 4 individual quarters in 2002 i.e. an average of 17 Older people per quarter were in receipt of home help services during 2002 in Arranmore. Out-turn 2003 is therefore presented to reflect this cumulative target in 2003. The annual targets therefore as calculated have been achieved on both Islands. However the 2004 targets have been amended to reflect the actual number of Older People in receipt of home help services at the end of Quarter 4 2003 and therefore the 2004 activity targets for both Islands reflect maintenance of the 2003 service activity level, although the calculation methodology in 2003 was different.

PERSONALISED CARE PACKAGES (Home Subvention (Grant Based Scheme))

Number of Older People in receipt of home subvention provided as part of personalised care package

| Number of Older People in receipt of home subvention provided as part of personalised care package | 71 | 69 | 2 | 98 | 94 | 4 | +36% | +36% | +100% | 28 | 24 | 4 |
Comments: 2003 annual target exceeded by 27 (38%) in response to needs. However 2003 annual target of 69 in respect of Arranmore Island is based on 2002 out-turn and is a cumulative number of Older People in receipt of personalised care packages (home subvention) over the period of the 4 individual quarters in 2002 i.e. an average of 17 older people availed of personalised care packages during 2002. Out-turn 2003 is therefore presented to reflect this cumulative target in 2003. Targets for 2004 are based on numbers in receipt of personalised care packages (home subvention grant) at year end. Therefore the 2004 activity targets reflect the maintenance of 2003 service level activity although the calculation methodology used was different.

<table>
<thead>
<tr>
<th>ISLAND HEALTH</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Almore</td>
<td>Tory</td>
<td>Total</td>
</tr>
<tr>
<td><strong>DAY CENTRES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of attendances at Day Centres</td>
<td>1458**</td>
<td>1458**</td>
<td>30**</td>
<td>1337</td>
</tr>
</tbody>
</table>

Comments: **Annual targets in respect of day centre attendances on both Arranmore and Tory Islands revised in Quarter 3 2003 from 1000 x Arranmore and 369 x Tory to 1458 x Arranmore and 30 x Tory Island. In view of attendance pattern and delays experienced by the Island Co-operative in recruiting a Supervisor for the Day Centre in Tory, attendances at the Day Centres on Arranmore Island are below target by 11% (161) due to the Day Centre being closed for a period of 4 weeks to allow maintenance work to be carried out.

* In Tory, the recruitment process for a supervisor was unsuccessful and consequently the service did not commence.

**2004 Target for Arranmore is based on attendances for full year operation. Target figure of attendances for Tory is based on planned service commencement.

<table>
<thead>
<tr>
<th>COMMUNITY WELFARE OFFICER</th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clinics provided</td>
<td>38</td>
<td>24</td>
<td>12</td>
<td>35</td>
<td>24</td>
<td>11</td>
<td>-3%</td>
<td>0%</td>
<td>-8%</td>
</tr>
</tbody>
</table>

Comments: Targets achieved during 2003. 2004 target is as per planned schedule of clinics.

<table>
<thead>
<tr>
<th>DENTAL</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of sessions provided</td>
<td>17</td>
<td>16</td>
<td>1</td>
<td>18</td>
<td>15</td>
<td>1*</td>
<td>-6%</td>
<td>-6%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Comments: Targets achieved during 2003. *1 session provided on Tory Island as part of school screening programme. 2004 target is as per planned schedule for clinics during the year. 2004 target attendances based on 2003 service provision.

<table>
<thead>
<tr>
<th>CHIROPODY</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clinics provided</td>
<td>12</td>
<td>8</td>
<td>4</td>
<td>12</td>
<td>8</td>
<td>4</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Comments: Targets achieved during 2003. Clinics are provided in response to need. 2004 target is as per planned schedule for clinics.

<table>
<thead>
<tr>
<th>OPTOMETRIST</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clinics provided</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: Targets achieved during 2003 in response to need although one clinic less than targeted provided in Arranmore. 2004 target is as per planned schedule for clinics.

<table>
<thead>
<tr>
<th>PHYSIOTHERAPY</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clinics provided</td>
<td>12***</td>
<td>12***</td>
<td>0</td>
<td>11</td>
<td>11</td>
<td>0</td>
<td>-8%</td>
<td>-6%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Comments: Targets achieved during 2003 in response to need. 2004 target is as per planned schedule of clinics. *** in response to needs.

<table>
<thead>
<tr>
<th>CONTINENCE</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clinics provided</td>
<td>16</td>
<td>12</td>
<td>4</td>
<td>9</td>
<td>9</td>
<td>0</td>
<td>-44%</td>
<td>-25%</td>
<td>-100%</td>
</tr>
</tbody>
</table>

Comments: During 2003 service was provided in response to need. 9 clinics were provided based on need. 2004 target is as per planned schedule for clinics and is estimated based on anticipated service needs.
Financial Statement & Service Plan 2004

### Island Health

<table>
<thead>
<tr>
<th>ISLAND HEALTH</th>
<th>TARGET 2003</th>
<th>OUT-TURN 2003</th>
<th>% VARIANCE</th>
<th>TARGET 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Almore</td>
<td>Tory</td>
<td>Total</td>
</tr>
<tr>
<td>TRAINING FOR CARERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of training sessions provided</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Comments: Following Carers Development Officer consultation with carers and the Vocational Education Committee (VEC), 17 carers participated in FETAC Level II Carers Course (2 year) provided by the VEC on Arranmore Island – this replaced provision of training sessions, which therefore were not provided and annual target for 2003 was not achieved through direct training session provision by the Carers Development Officer, but achieved through VEC provision. No training requirements identified on Tory Island during 2003 but requirements kept under review. *2004 carer training on Tory Island will be provided if required*

| REVIEW AND TRANSLATION OF LEAFLETS | | | | | | | | | |
| Number of leaflets reviewed / translated | 4 | 4 | 4 | 4 | 0% | 0% | 4 | 4 |

Comments: 2003 target achieved (E111, Medical Card, Housing Aid for Elderly Scheme, Hepatitis B (Health Promotion) leaflets translated). 2004 target is to review and translate a further 4 leaflets / applications forms. Leaflets will be identified by Island Services Committee

### PERFORMANCE INDICATORS

Currently, there are no National Performance Indicators in respect of Island Health. Specific targets (where possible) in respect of these performance indicators are included in the tables of activity / operational plans.

### LETTER OF DETERMINATION FUNDING 2004

No additional funding has been provided in the Letter of Determination in respect of Island Health.

### 11.5.3.4 KEY ISSUES FOR THE YEAR AHEAD

Apart from the generic key issues as referred to in the CEO’s Statement and Overview (Section 1), specific key issues for Island Health are as follows:
- Commencement of construction of new Residential facility on Arranmore Island
- Expansion of services on Tory Island
- Development of telehealthcare.

### 11.5.3.5 MONITORING MECHANISMS AND EVALUATION

#### MONITORING MECHANISMS

Apart from the generic monitoring mechanisms as referred to in the CEO’s Statement and Overview (Section 1), there are no specific monitoring mechanisms in respect of Island Health.

#### EVALUATION

Evaluation is ongoing but no formal evaluation is planned for 2004.
11.5.3.6 RESEARCH, QUALITY AND VALUE FOR MONEY INITIATIVES

RESEARCH

Research proposals include:

- Hosting an inter-sectoral workshop to consider findings of 'Home Support Scheme for Carers Review, to assist in development of implementation plan (Q & F Action 69)
- Undertaking further research with island communities to establish opportunities to increase access to services, including out of hours services, in conjunction with the Department of General Practice at NUI Galway (Q & F Action 117)

QUALITY

No specific quality initiatives are planned for 2004 within the service.

VALUE FOR MONEY INITIATIVES

Apart from the generic value for money initiatives as referred to in the CEO's Statement and Overview (Section 1), specific value for money initiatives in respect of Island Health are as follows:

- Adherence to Corporate Procurement Policy
- Monitoring of expenditure to ensure compliance with value for money practices including travel expenses, use of meeting venues etc.

### KEY POINTS OF NOTE / KEY RESULT AREAS 2004

- Maintenance of existing services including services provided on a visiting basis
- Personalised Care Packages and Home Support Scheme for Carers
- Telehealthcare research and facilities development on both islands
- Commencement of construction of residential facility on Arranmore Island
12.1 ACUTE SERVICES

12.1.1 CONTEXT

ROLE AND PURPOSE
The role of our Acute Services is to provide, within available resources, a comprehensive range of inpatient, outpatient and day case services, to meet the needs of the population in our identified catchment area. We aim to provide these services to the optimal level possible within the available resources and in accordance with the principles of equity, people centredness, quality and accountability as outlined in the National Health Strategy, Quality and Fairness, A Health System for You.

NATIONAL AND REGIONAL POLICY FRAMEWORK
In tandem with the principles as outlined we also take cognisance of the four national goals of the Strategy:

- Better Health for Everyone
- Fair Access
- Responsiveness and Appropriate Care Delivery
- High Performance

The Health Amendment (No. 3) Act 1996 is also a key influence on our service as it specifically highlights our obligation to carry out functions to secure the most beneficial, effective and efficient use of resources.

We also strive to maintain impetus in relation to our Regional Strategies covering Cancer, Cardiovascular, Primary Care, Mental Health, Older People, Women’s and Men’s Health. Consumer Involvement, Health Promotion, Children, and Learning Disabilities.

Achievement of the goals of these strategies will not be possible without the effective involvement of our staff and good people management practices. The Action Plan for People Management provides a road map towards the improvement of people management within Acute Services.

There are a wide range of external factors and trends influencing the provision of acute hospital services. It is important that these factors and trends are identified to ensure the hospitals will be in a position to adapt to these changing demands in service provision. The range of factors and trends influencing service provision include social-economic trends, legislative and national health strategy policy directives. These include:

- An increasingly elderly population, which is contributing to the continued rise in Emergency Medical Admissions at both Sligo and Letterkenny General Hospitals
- Increasing patient expectations, which in itself contributes to the cost pressures associated with patients wishing to access new treatments and therapies
- Continuing advances in medical technology
- The Implication of National Strategies on service provision, for example, the National Cancer Strategy and the National Children’s Strategy
- The increasing number of asylum seekers and refugees settling in Donegal, which is creating new challenges for the hospital to ensure that we adapt accordingly to the specific needs of these new groups of patients
- The introduction of certain services such as Oncology, Haematology, MRI and the consequential associated latent demands on services and resources

Going into 2004, there is no doubt that the Reform Programme and the Hanly Report will have significant implications for both hospitals. In this regard both Hospitals have taken a proactive role and a Strategy Working Group comprising Senior Management/Consultant Representation has been established at both hospitals.

This plan should be read in conjunction with the CEO’s Overview (Section 1) and Population Health Section (Section 3) of this Service Plan.
NEEDS ANALYSIS
The principal causes of death in Ireland for the period 1997-2002 were Cardiovascular Disease (43%), Cancer (23%), and Respiratory Disease (15%).

In the Board's area we have an increasing elderly population and disproportionately higher dependency levels (older people, young people).

- Highest Medical Card population
- Lowest Percentage Insured for Private Health Care
- Lowest Income Levels

In light of the above analysis our main strategic objectives are as follows:-

- To achieve appropriate self-sufficiency in general and regional specialties
- To continue to achieve a substantial shift from inpatient care to day care and outpatient treatments
- To further develop appropriate links and clinical networks with tertiary hospitals in order to ensure that patients from the North West receive timely, equitable access and treatment in accordance with their needs
- To work closely with Community Services, including primary care services in order to meet patient needs in the most appropriate settings
- To provide a service that is acceptable to those who use it and to ensure service users and their families have an appropriate say and influence on decisions affecting them
- To strengthen the emphasis on health promotion in the acute hospital setting through active membership of the Health Promoting Hospital Network supported by initiatives such as embedding health promotion approaches as an integral part of service delivery
- To provide a service which is equitable i.e. access to services to be determined by need rather than by location or ability to pay
- To build an evaluation dynamic, which engages all those involved in delivering service in a constructive analysis of the effectiveness of their work including clinical effectiveness
- To consolidate the major service developments that have taken place in the acute hospitals over the past number of years

12.1.2 BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

The North Western Health Board provides Acute Hospital services on an in-patient, outpatient, 5-day and day care basis, as appropriate, in the following locations: Sligo General Hospital, Letterkenny General Hospital and Our Lady's Hospital Regional Rheumatology Service

Details of service provision in each hospital are outlined in their individual hospital sections below. Further information in respect of service provision is outlined in the individual hospitals operational service plans.
KEY ACHIEVEMENTS – 2003

Activity ahead of 2002 levels despite capacity issues
- Inpatient ↑ 8.4%
- Day Cases ↑ 9.7%

Ongoing development of Consumer Panels
Waiting lists / times – particular success with orthodontic and cervical smear waiting lists
Letterkenny General Hospital – Emergency Department / Medical Assessment Beds, approval to proceed to planning stage
Sligo General Hospital - Approval to proceed with relocation of Renal Dialysis Unit

New Orthodontic Unit Sligo General Hospital
Further consolidation of Regional Oncology Services

A range of consultant posts at various stages of recruitment:
  5th Consultant Radiologist SGH/LGH
  2nd Emergency Medicine Consultant SGH/LGH
  7th Consultant Anaesthetist
  Consultant Haematologist SGH
  2nd Consultant Geriatrician LGH

12.1.3 THE YEAR AHEAD

12.1.3.1. 2003 ACTIONS ONGOING INTO 2004

A number of the actions planned for 2003 at regional and hospital level will form part of ongoing work in 2004. The hospital outstanding actions have been included in the relevant hospital sections below.

12.1.3.2. AIMS AND OBJECTIVES 2004

The core objective of the acute services is to provide, within available resources, a comprehensive range of Inpatient, outpatient and day case services, in response to identified need and in accordance with the principles of equity, people-centredness, quality and accountability. Our overall objectives for 2004 are:

1) The promotion of health and well being among our patients, staff and visitors (National Goal No.1 Q&F, Action 1-35)
2) To continue implementation of the Cardiovascular Health Strategy (Q&F, Actions 5, 13)
3) To continue implementation of the Cancer Strategy (Q&F Actions 5,11)
4) To provide responsive appropriate care in the appropriate setting (National Goal No. 3 Q&F,Actions 48-62)
5) To reduce waiting times for public patients (Q&F Action 81)
6) To enhance our systems capacity so as to provide a service that is acceptable to those who use it (Q&F, National Goal 3 -Objective 3 Q&F Action 55)
To manage people effectively so as to build and enhance management capacity in order to deliver the change management programme required by the Health Service Reform Programme (Q&F, Action 114)

To seek to continuously improve the quality of our services (Q&F Principle Action 63)

To progress the Clinical Governance Programme as part of our goal to achieve hospital accreditation (Q&F Action 63)

To strengthen links with other hospitals and community services within the region by further developing inter-agency co-operation and partnerships (Q&F Actions 48-62)

Objectives (ii), (iii) and (v) have regional implications and are set out in the following section. The specific actions to implement the remaining objectives are set out in the relevant Hospital section.

12.1.3.3 REGIONAL SERVICE DEVELOPMENTS INCLUDING CONSULTANT MANPOWER

The following section outlines regional service developments planned for 2004.

Objective II) To continue implementation of the Cardiovascular Health Strategy (Q&F, Actions 5, 13)

Continued implementation of Cardiovascular Strategy including clinical services & targeted health promotion and linking to the pre-hospital and primary care services. (Q&F Actions 5, 56)

- To provide a regular (weekly) Mobile Catheterisation Service, further reducing the number of patients travelling to Dublin and further improving access to services. (Q&F, Action 5)
- Run a 2nd community based cardiac rehabilitation service in Carrick-on-Shannon. (Q&F, Action 51, 53)
- Fully implement access to the Cardiac Catheterisation Services at Altnagelvin for Donegal patients. Access to the Cardiac Catheterisation Services at Altnagelvin will be on a one session per week basis, which will aim to facilitate 4-5 patients per session. This service will augment the existing Mobile Catheterisation Service at Sligo General Hospital (Q&F, Action 53)
- Appointment of Consultant Physician with a special interest in Cardiology - LGH (Q&F Action 13)
- Consolidate the newly commissioned echo-cardiography service - LGH (Q&F Action 56)
- Develop criteria for cardiac rehabilitation patient referral to hospital dieticians - LGH (Q&F Action 56)
- Continue staff training in Basic Life Support, Automated External Defibrillation, CPR Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS) and Advanced Paediatric Life Support (APLS) at both acute hospitals and other acute service locations (Q&F, Action 5)
- Complete evaluation of Direct Access by GPs to Echocardiography- SGH (Q&F, Action 56)
- Purchase of essential cardiac equipment and defibrillators at both hospitals (Q&F, Action 56)
- Refurbishment of Coronary Care Unit (CCU) - LGH (Q&F, Action 56)

Objective III) To continue implementation of the Cancer Strategy (Q&F Actions 5, 11)

Continued implementation of Cancer Strategy and Consolidation of developments in Oncology & Haematology Service:

- Development of Oncology Ward (circa 8 beds) LGH (Q&F Action 56)
• Appointment of Oncology Pharmacy Staff at both hospitals (Q&F Action 55)
• Appointment of Consultant Haematologist SGH (Q&F Action 56)
• Appointment of Medical Scientists to support Consultant Haematologist appointment SGH (Q&F Action 101)
• The Board will continue to monitor and manage the above average increases in costs and significant increase in volume and range required to support new oncology and haematology service developments (Q&F Action 70)
• Augment Breast Care Nursing Service at both hospitals (Q&F Action 56)
• Develop links with Belfast and Galway to ensure appropriate radiation facilities for the Board’s population. Both these radiation facilities will become available in 2005/2006 (Q&F Action 56)

CONSULTANT MANPOWER DEVELOPMENTS

The following new Consultant Posts have been approved and will be recruited in 2004:

• Consultant Haematologist - SGH (Q&F Action 56)
• 2nd Consultant in Emergency Medicine SGH and LGH (Q&F Action 86)
• 7th Consultant Anaesthetists SGH and LGH (Q&F Action 43)
• 5th Consultant Radiologist SGH and LGH (Q&F Action 43)
• Consultant Physician with an interest in Cardiology LGH (Q&F Actions 5, 56)
• Consultant Dermatologist LGH/SGH (Q&F Action 101)
• 3rd Consultant Orthopaedic Surgeon LGH (Q&F Action 43)

Other Consultant Priorities In 2004

The Board will seek the establishment of the following posts by way of DOHC and Comhairte approval:

• Consultant Surgeon with a SL in Breast Care - LGH (Q&F Action 56)
• Consultant Nephrologist - Regional Remit LGH (Q&F Actions 60,101)
• Consultant Microbiologist - LGH (Q&F Action 55)
• Consultant Neurologist - Regional Remit SGH (Q&F Action 55)
• Consultant Diabetologist - SGH and LGH (Q&F Action 56)
• Consultant Surgeon with a SL in Urology - SGH and LGH (Q&F Action 55)
• 2nd Consultant Palliative Care (Q&F Action 31)
• 4th Consultant Surgeon LGH (Q&F Action 55)
• 8th Consultant Anaesthetist - LGH and SGH (Q&F Action 43)
• 6th Consultant Radiologist - LGH and SGH (Q&F Action 43)
• The Board is also currently reviewing Consultant service needs in respect of Pathology, General Surgery and Gastroenterology (Q&F Action 55)

OBJECTIVE v) To reduce waiting times for public patients (Q&F Action 81)

• There will be a continued focus on reducing waiting times as set out in the National Health Strategy “Quality and Fairness”. The impact on waiting lists of recruiting specialist medical /nursing staff and possible service reductions to match funding availability will be closely monitored (Q&F Action 43)
• Review of selected CPD clinics in relation to timeliness, duration, DNA rates and reasons for non attendance (Q,F, Action 46, 85)
• Reduce Bone Densitometry waiting list in OLH by increasing service availability (Q,F, Action 89)
• The Board will continue to work closely with the National Treatment Purchase Fund and will seek to maximise opportunities to continue to address both inpatient and day case waiting lists (Q&F Action 43)
Regional Initiatives - Letter of Determination Funding 2004

<table>
<thead>
<tr>
<th>SERVICE OBJECTIVES</th>
<th>ACTIONS TO ACHIEVE OBJECTIVES</th>
<th>LOD FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>v) To reduce waiting times for public patients (Q&amp;F Action 81)</td>
<td>Establish permanent funding base for existing WLI approved posts. Further Waiting List Funding from the DOHC will be pursued in 2004.</td>
<td>€1.750m</td>
</tr>
<tr>
<td>ii) To continue implementation of the Cancer Strategy (Q&amp;F Actions 5,11)</td>
<td>To address service pressures in Oncology Haematology, including oncology drug pressures.</td>
<td>€0.600m</td>
</tr>
<tr>
<td>iv) To provide responsive appropriate care in the appropriate setting (National Goal No. 3 Q&amp;F,Actions 48-62)</td>
<td>Seek DOHC approval for Consultant Nephrologist post - LGH with regional remit.</td>
<td>€0.250m</td>
</tr>
<tr>
<td>vi) To enhance our systems capacity so as to provide a service that is acceptable to those who use it (Q&amp;F, National Goal 3 - Objective 3 Q&amp;F Action 55))</td>
<td>Winter Initiative Appointment of 2nd Emergency Medicine Consultant at each hospital.</td>
<td>€0.660m</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>€3.260m</strong></td>
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12.1.3.4. KEY ISSUES FOR THE YEAR AHEAD

Apart from the generic key issues as referred to in the CEOs Overview (Section 1) Care Group specific key issues are as follows:

- Increasing numbers of Emergency Medical Admissions and resultant pressures on bed capacity will impact on our ability to reduce waiting times.
- Securing DOHC approval in respect of the Board’s Bed Capacity submissions on additional bed capacity proposals for SGH and LGH.
- Budget management within allocated resources, particularly in view of the projected high medical inflation levels and capacity pressures.

12.1.3.5. MONITORING MECHANISMS AND EVALUATION

Apart from the corporate monitoring as referred to in the CEOs Overview (Section 1) Care Group specific, monitoring will occur in the following areas:

CASEMIX: The aim will be to maximise a positive adjustment in 2004 by accurate coding of procedures and careful activity cost management.

WAITING LISTS/TIME: The inpatient/day case waiting lists will be reviewed on a monthly basis with the Specialty Management Teams. In 2004 an increasing focus will be placed on Out Patient Department (OPD) Waiting Lists and times.

PERFORMANCE INDICATORS

The relevant Performance Indicators from the National Suite against which the Board will report in 2004 are as follows: AS1-AS12, HP3 and includes a focus on Waiting Lists, OPD Clinics, Emergency Department, Day Case Procedures, Discharge Activity, Health Promoting Hospitals.

12.1.4 SLIGO GENERAL HOSPITAL

12.1.4.1 BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

Sligo General Hospital has 323 inpatient beds and provides a comprehensive range of services on an inpatient, outpatient and day care basis.

165
The services cover the following specialties:

Medicine, Geriatric Medicine, Coronary Care Unit (CCU), Intensive Care Services (ICU), Surgical, Orthopaedic, Ophthalmic, ENT, Obstetrics/Gynaecology, Paediatrics (including Neo-Natal Unit Services), Emergency Medicine, Nephrology, Oncology, Anaesthetics, Pathology/Laboratory, Radiology and Dermatology. There is a full range of clinical and non-clinical support services available on site including Theatre Department, CSSD Department and Pharmacy Department.

Inpatient Services for ENT and Ophthalmology are provided on a regional basis. Staff from the hospital also provide clinics at other hospital locations including Letterkenny General Hospital, St Johns Community Hospital Sligo, Our Lady’s Hospital Manorhamilton and St Patrick’s Hospital Carrick-on Shannon.

To reflect the management reporting structure actions in respect of Regional Rheumatology Service based at Our Lady’s Hospital Manorhamilton are included in this section.

**12.1.4.2 2003 ACTIONS ONGOING INTO 2004**

- Reconfiguration to provide extra floor space to the Paediatric Department
- 2nd Phase of Medical Bed Initiative- National Bed Capacity Review
- Introduction of Universal Neonatal Hearing Screening
- Provision of Mammography Suite
- Complete evaluation of Direct Access by GPs to Echocardiography
- Provision of New Renal Dialysis Unit

**12.1.4.3 (SGH) ACTIONS TO ACHIEVE OBJECTIVES**

Corporate/regional objectives ii), iii) and v) and the actions outlined to implement them were set out above. Actions specific to Sligo General Hospital are outlined below relating to the remaining objectives.

**Objective i) The promotion of health and well being among our patients, staff and visitors (Q&F, Action 1-35)**

Health promotion activities will continue to be developed in specific areas:

- Create positive workplace experience by facilitating a workplace ethos that enable staff to contribute effectively and feel valued (Q&F, Action 25)
- To initiate a focus on Cancer by increasing staff’s awareness of cancer services provided at the hospital and developing a Recovery from Cancer Programme for patients who have received treatment (Q&F, Action 5)
- Seek use of Sports and Track facilities at Sligo Institute of Technology for use of hospital staff (Q&F, Action 5)
- To ensure Smoking Cessation Service is accessible to vulnerable/socially excluded groups (Q&F, Action 5)
- Develop smoking cessation database (Q&F, Action 5, 117)
- Seek to achieve the Silver Award for Smoke Free Hospitals (Q&F, Action 63)
- Assess Hospital Departments against the standards of the Health Promoting Hospital Network (Q&F, Action 63)
- Develop and support a culture of breastfeeding among hospital staff, facilitate continued breast-feeding amongst employees returning to work and provide timely and effective professional support to mother’s breastfeeding in the early postnatal period (Q&F, Action 9)
- Draft a Hospital Information Booklet (Q&F, Action 44)
- Develop Breast Care Outreach Service Community visits for fitting and supplying mastectomy wear (Q&F, Action 5)
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- Develop a Patient Information booklet for General Practitioners explaining the Colposcopy Service for the patient (Q&F, Action 44)
- Develop a sitting area for patients in garden in OLH (Q&F, Action 5)

Objective iv) To provide responsive appropriate care in the appropriate setting (Q&F, Actions 48-62)
- Develop improved parent facilities and support services for Paediatric Department (Q&F, Action 59)
- Further development of Pain Control Service. Allocate set sessions in a designated area and establish TENS (Transcutaneous End Nerve Stimulation) service for both inpatients and outpatients (Q&F Action 53)
- Develop a Day Care Ward in OLH to provide for administration of Remicade and other drug treatment biological agents, which have greatly improved treatment and reduced pain and discomfort associated with disease (Q&F Action 83)

Objective vi) To enhance our systems capacity so as to provide a service that is acceptable to those who use it (Q&F Action 55)
- Seek to advance the hospitals bed capacity in the context of the National Bed Capacity Review (Q&F, Action 55)
- Provision of New Renal Dialysis Unit (Q&F Action 60)
- Provision of Mammography Suite (Q&F Action 55)
- Re-organisation of care in Obstetric Department in Sligo General Hospital to include early fetal assessment area (Q&F Action 58)
- Identify HR and equipment requirements to set up Universal Neo-natal Hearing Programme (Q&F, Action 92, 101)
- Introduction of Rapid Response Team and Personal Alarm System in a number of areas within the hospital which will enhance both patient and staff safety (Q&F, Action 84)
- Update Hospital CCTV System (Q&F Action 92)
- Increase capacity for a 5 bed trolley area for Medical Assessment Unit (Q&F, Action 55)
- Establish an Outpatient Pulmonary Rehabilitation Programme (Q&F, Action 53)
- Use of Pre-Assessment Clinic for orthopaedic elective patients (Q&F, Action 104)
- Continue preparatory work for new Hospital Information System (Q&F Action 116)
- Finalise Development Control Plan (Q&F, Action 55)
- An equipment Replacement Priority Programme will be Implemented (Q&F, Action 93)
- A Minor Capital Works Programme will be implemented (Q&F, Action 93)
- Development of provision of NeuroPhysiology service in conjunction with the overall development of Neurology Services with the establishment of a Consultant Neurologist post (Q&F, Action 55)

Objective vii) To manage people effectively so as to build and enhance management capacity in order to deliver the change management programme required by the Health Service Reform Programme (Q&F, Action 114)
- Work towards implementing the requirements as set out in the European Directive on working hours of NCHDs and other staff (Q&F Action 108)
- Prepare for the introduction of the ANP (Advanced Nurse Practitioner) in Emergency Medicine (Q&F, Actions 86, 101)
- Continue Staff Training In Basic Life Support, Automated External Defibrillation, CPR> Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS) and Advanced Paediatric Life Support (APLS) (Q&F, Action 5)
- Maintain focus on Absence Management with specific support given to managers handling "Return to Work" interviews (Q&F, Action 108, 110)
- Pilot Term Time Working in non-administrative areas (Q&F, Action 110)
- Pilot Performance Review/Personal Development/Feedback mechanism within two service areas (Q&F, Action 110)
• Explore further the area of skill mix (Q&F, Action 110)

Objective viii) To seek to continuously improve the quality of our services (Q&F Principle Action 63)

• A Medical Equipment Library will be established stocking Syringe Drivers, Infusion Pumps, and Air Mattresses. Protocols and procedures will be put in place, which will lead to a reduction in the purchase of medical equipment in the future (Q&F Action 97)
• Implement the recommendations of the RPII in respect of Radiation Protection Issues (Q&F Action 68)
• Plan for development and introduction of PACS initiative (Q&F Actions 116,117)
• Review of MRI Service by Board’s Public Health Department (Q&F Action 68)
• Appointment of Oncology Pharmacy Staff (Q&F Action 55)

Objective ix) To progress the Clinical Governance Programme as part of our goal to achieve hospital accreditation (Q&F Action 63)

• The continued consolidation of activity and resources in the area of research, clinical audit and effectiveness, risk management and accreditation to ensure continuous quality improvement (Q&F Action 68)
• Hospital has applied to participate in the National Accreditation Scheme- appointment of Accreditation Manager in 2004 (Q&F Actions 68, 70)

Objective x) To strengthen links with other hospitals and community services within the region by further developing inter-agency co-operation and partnerships (Q&F Actions 48-62)

• Develop discharge pathways in the community working in conjunction with community care colleagues (Q&F Action 51)
• Review Community Orthodontic Referral Pathway to Secondary Care Orthodontic Unit (Q&F Action 62)
• A project group will be established to examine feasibility and costs of Rheumatology Service having access to Laboratory and Radiological (P.A.C.S.) systems at Letterkenny and Sligo General Hospitals (Q&F Action 116)
• Establish a paediatric cardiology telemedicine link with Crumlin Children’s Hospital (Q&F Action 116)
• Explore and develop co-operation with proposed new hospital facility at Garden Hill Sligo (Q&F Action 79)

Sligo General Hospital - Letter of Determination Funding 2004

<table>
<thead>
<tr>
<th>SERVICE OBJECTIVES</th>
<th>ACTIONS TO ACHIEVE OBJECTIVES</th>
<th>LOD FUNDING</th>
</tr>
</thead>
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<tr>
<td>Case Mix Adjustment</td>
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<tr>
<td>Plus 124% on 2002 performance</td>
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<td>€0.066m</td>
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12.1.5 LETTERKENNY GENERAL HOSPITAL

BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

Letterkenny General Hospital has 301 inpatient beds and provides a comprehensive range of services on an inpatient, outpatient and day care basis.
The services cover the following specialties:

- Medicine
- Geriatric Medicine
- Coronary Care Unit (CCU)
- Intensive Care Services (ICU)
- Surgical
- Orthopaedic
- Obstetrics/Gynaecology
- Paediatrics (including Neo-Natal Unit Services)
- Emergency Medicine
- Nephrology
- Oncology/Haematology
- Anaesthetics
- Pathology/Laboratory and Radiology.

There is a full range of clinical and non-clinical support services available on site including Four Main Theatres, CSSD Department and Pharmacy Department.

12.5.2 (LGH) 2003 ACTIONS ONGOING IN 2004

A number of the actions planned for 2003 at regional and hospital level were not progressed and will be pursued in 2004. They are as follows:

- Provision of additional beds to facilitate the development of Oncology & Haematology Services and Emergency Medical Assessment Service attached to the Emergency Department
- Development of Education Centre/Conference Room
- Fully commission the Maternity Development
- Commission second Endoscopy Room
- Establishment of High Dependency Unit
- Enhanced service for patients with back pain
- Establish Pulmonary Rehabilitation Service

12.1.5.3 ACTIONS TO ACHIEVE OBJECTIVES

Corporate/regional objectives ii), iii) and v) and the actions outlined to implement them were set out above. Actions specific to Letterkenny General Hospital are outlined below relating to the remaining objectives.

Objective 1) The promotion of health and well being among our patients, staff and visitors (Q&F, Action 1-35)

Health promotion activities will continue to be developed in specific areas:

- Work in partnership to create health promoting environments for staff, patients and community (Q&F Action 5)
- Enhance the health promotion potential of our staff through training and development - further development of staff cultural awareness training (Q&F Actions 5, 19)
- Provision and maintenance of a supportive smoke free hospital environment by taking all ‘reasonable precautions’ in aligning hospital with workplace legislation 2004 (Public Health Act (Tobacco) (Q&F Actions 7, 12, 13)
- Promotion of Smoking Cessation to reduce mortality & morbidity from tobacco related diseases, to include the ongoing development & provision of the Smoking Information & Cessation Service (Q&F Actions 7, 12, 13)
- The Maternity Unit will continue to participate in the Baby Friendly Hospital Initiative WHO and UNICEF Initiative. Plans for 2004 will focus on initiatives to promote and support breastfeeding and to increase the hospital's initiation rates (Q&F Action 9)
- Carry out a review of current provision of ante-natal classes/education. The overall aim to provide a flexible, accessible, consumer friendly and evidence based ante-natal education service (Q&F Actions 5, 84, 85)
- Establishment of an OPD and Paediatric Consumer Panel (Q&F Actions 5, 48, 49, 52)

The overarching theme will be to work in partnership to strengthen and enhance our services to a more holistic health promoting approach.
Objective iv) To provide responsive appropriate care in the appropriate setting (Q&F Actions 48-62)

- Roll out of the comprehensive Oral Maxillo Facial Services proposal on a cross-border basis with Altnagelvin HSS Trust and the Western Health & Social Services Board (Q&F, Action 53)
- A number of current outpatient services will be expanded due to the availability of new accommodation (Q&F, Action 53)
- Day Services staff will work with the outpatients department in the development of dedicated pre-assessment sessions/clinics, which will be nurse led (Q&F, Action 53)
- The roll out of PACS to the Community Hospitals (Q&F Action 53)
- ANA testing to be carried out by the Laboratory Department (Q&F Action 53, 87)
- Introduction of near patient testing (Q&F Actions 53, 87)
- Introduction of a Urology Clinic (Q&F Action 58)

Objective v) To enhance our systems capacity so as to provide a service that is acceptable to those who use it (Q&F Action 55)

- Development of Oncology Ward (circa 8 beds) LGH (Q&F Action 56)
- Appointment of Oncology Pharmacy Staff (Q&F Action 55)
- Progress the planning for Emergency Department/Medical Admissions Unit (Q&F Actions 55, 78)
- Introduction of Advanced Nurse Practitioner for Emergency Services will enhance the care provided to patients with minor injuries, reducing waiting times and improving patient satisfaction (Q&F Action 86)
- The establishment of 6 Bed High Dependency Unit (Q&F Action 84)
- Establish Pulmonary Rehabilitation Service (Q&F Action 84)
- Establish post of Consultant Nephrologist (Regional Remit) (Q&F Actions 53, 55, 60)
- Commission second Endoscopy Room (Q&F Action 83)
- Continued roll out of Cross-Border Initiatives with Altnagelvin HSS Trust in Derry (Q&F Action 53)
- An Equipment Replacement Priority Programme will be implemented (Q&F Action 93)
- A Minor Capital Works Programme will be implemented (Q&F Action 93)
- Development of provision of NeuroPhysiology service in conjunction with the overall development of Neurology Services with the establishment of a Consultant Neurologist post (Q&F, Action 55)
- Review options for commissioning of Medical Rehabilitation Day Hospital Unit (Q & F Action 26)
- Introduce medical internship in General Practice in association with Donegal Vocational Training Scheme (Q & F Action 101)
- Continue preparatory work for new Hospital Information System (Q & F, Action 116)

Objective vi) To manage people effectively so as to build and enhance management capacity in order to deliver the change management programme required by the Health Service Reform Programme (Q&F, Action 114)

- Work towards the reduction set out in the European Directive on working hours of NCHDs (Q&F Action 108)
- Re-establishment of Higher Diploma Course in Critical Care Nursing (Q&F Actions 100, 101, 103, 104)
- Appointment of advanced Nurse Practitioners particularly in the areas of Emergency Department, Diabetic Services Department, Oncology Department and Endoscopy Unit (Q&F Actions 101, 103, 104)
- Continue Staff training in Basic Life Support, Automated External Defibrillation, CPR> Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS) and Advanced Paediatric Life Support (APLS) (Q&F, Action 5)
- The Portering Department will roll out a consumer care training course for all staff. This is in recognition of the fact that porters are often the very first members of staff that a member of the general public or patient will encounter (Q&F Action 104)
Objective vii) To seek to continuously improve the quality of our services (Q&F Principle Action 63)

- Implement the recommendations of the RPI in respect of Radiation Protection issues (Q&F Action 68)
- Introduce hospital wide BARS (Blood Audit Release System) system together with automation (Q&F Action 68)
- Extend Telemedicine pilot project initiative in links with community hospitals (Q&F Action 117)
- Hospital has applied to participate in the National Accreditation Scheme - appointment of Accreditation Manager in 2004 (Q&F Actions 61, 68, 70)

Objective ix) To progress the Clinical Governance Programme as part of our goal to achieve hospital accreditation (Q&F Action 63)

- The further development of activity and resources in the area of research, clinical audit and effectiveness, risk management and accreditation to ensure continuous quality improvement (Q&F Action 68)
- A number of interest groups have been established on a multi-disciplinary basis with the aim of enhancing patient care by utilising evidence of best practice to improve practice (Q&F Action 84, 110)

Objective x) To strengthen links with other hospitals and community services within the region by further developing inter-agency co-operation and partnerships (Q&F Actions 48-62)

- Develop discharge pathways in the community working in conjunction with community care colleagues (Q&F Action 51)
- Develop an initiative to support PEG patients post discharge from the hospital by the appointment of a dietician on a joint hospital/community basis (Q&F Action 101, 103, 104)
- Review Community Orthodontic Referral Pathway to Secondary Care Orthodontic Unit (Q&F Action 62)

**Letterkenny General Hospital - Letter of Determination Funding 2004**

<table>
<thead>
<tr>
<th>SERVICE OBJECTIVES</th>
<th>ACTIONS TO ACHIEVE OBJECTIVES</th>
<th>LOD FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>CaseMix Adjustment</td>
<td></td>
<td>€0.999m</td>
</tr>
<tr>
<td>76% Improvement on 2002 performance</td>
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<td>TOTAL</td>
<td></td>
<td>€0.999m</td>
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</table>

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12.1.6 HOSPITAL ACTIVITY

Table 1

<table>
<thead>
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<th>REGIONAL ACTIVITY</th>
<th>Inpatient Activity</th>
<th>Day Case Activity</th>
</tr>
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<td>2003 Proj</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
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<tr>
<td>Cardiology (CCU)</td>
<td>740</td>
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<tr>
<td>Oncology/ Haematology</td>
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<td>359</td>
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<tr>
<td>General Surgery</td>
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<tr>
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<tr>
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Points of Note

Overall Inpatient Activity exceeded planned levels by 8.4%
Medical Inpatients (including CCU & Oncology/Haematology) exceeded planned levels by 21.9% - emergency medical admissions, and recent development of oncology/haematology. General Surgery activity was impacted upon by difficulties in anaesthetic cover and bed pressures (Medical Admissions)

Overall Day Case Activity exceeded planned levels by 9.7%
Medical Day Cases i.e. Medical, C.C.U. and Oncology/Haematology exceeded planned levels by 22.7% but this reflects the development in particular of Oncology/Haematology. Orthopaedic Day Case Activity did not meet planned levels – this will be addressed in 2004. Initiatives will be taken to increase the ratio of ENT Inpatient Day Case to Inpatient treatments to reflect national/international norms
### Table 1a

**Letterkenny General Hospital**

<table>
<thead>
<tr>
<th>SPECIALTY</th>
<th>Inpatient Activity</th>
<th>DayCase Activity</th>
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<td>Cardiology(CCU)</td>
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<td>3000</td>
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<td>General Surgery</td>
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*Included in Medical Outturn

### Table 1b

**Silgo General Hospital**

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<th>SPECIALTY</th>
<th>Inpatient Activity</th>
<th>DayCase Activity</th>
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<td></td>
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<td>Medical</td>
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### Table 2

**Regional Activity - Accident & Emergency**

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<th>Hospital</th>
<th>Target 2003</th>
<th>Return</th>
<th>Total 2004</th>
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<tr>
<td>SGN</td>
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<td>Totals</td>
<td>50000</td>
<td>6000</td>
<td>56410</td>
</tr>
</tbody>
</table>
Table 3

Regional Activity - Outpatients

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Target 2003</th>
<th>Outturn 2003</th>
<th>(%)</th>
<th>Target 2004</th>
<th>Total target 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New Return</td>
<td>New Return</td>
<td></td>
<td>New Return</td>
<td>New Return</td>
</tr>
<tr>
<td>SGH</td>
<td>15500 39000</td>
<td>16870 46967</td>
<td>8.80</td>
<td>20.40</td>
<td>16500 45000</td>
</tr>
<tr>
<td>LGH</td>
<td>14500 38000</td>
<td>12379 39257</td>
<td>-14.62</td>
<td>3.57</td>
<td>14500 38000</td>
</tr>
<tr>
<td>Totals</td>
<td>30000 77000</td>
<td>29249 86314</td>
<td>-2.56</td>
<td>12.10</td>
<td>31000 63000</td>
</tr>
</tbody>
</table>

Points of Note:
- SGH: Significant decreases in DNAs during course of year as a result of change in notice re clinic appointments.
- Increase in the following OPD Clinics: Dermatology (+20%), Oncology (+30%), Orthopaedics (+40%).

Table 4

REGIONAL ACTIVITY - EMERGENCY & ELECTIVE INPATIENT ACTIVITY

<table>
<thead>
<tr>
<th>PUBLIC &amp; PRIVATE SGH &amp; LGH</th>
<th>PUBLIC &amp; PRIVATE SGH &amp; LGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELECTIVE</td>
<td>EMERGENCY</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>569</td>
</tr>
<tr>
<td>Cardiology</td>
<td>248</td>
</tr>
<tr>
<td>General Medicine</td>
<td>804</td>
</tr>
<tr>
<td>General Surgery</td>
<td>1991</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>904</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>2044</td>
</tr>
<tr>
<td>Oncology</td>
<td>112</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>1419</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>332</td>
</tr>
<tr>
<td>ENT</td>
<td>1092</td>
</tr>
<tr>
<td>Haematology</td>
<td>53</td>
</tr>
<tr>
<td>Total</td>
<td>9866</td>
</tr>
</tbody>
</table>

* Please refer to Targets by specialty for total activity set out in Table 1.

It is not practical to set specific targets by specialty for emergency/electivity activity.
Table 5

REGIONAL INPATIENT ACTIVITY PUBLIC & PRIVATE
PUBLIC & PRIVATE INPATIENT ELECTIVE & EMERGENCY ACTIVITY

<table>
<thead>
<tr>
<th></th>
<th>Public 2003</th>
<th>Target 2004</th>
<th>Private 2003</th>
<th>Target 2004</th>
<th>Total Outturn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ophthalmology</td>
<td>603</td>
<td>520</td>
<td>94</td>
<td>130</td>
<td>697</td>
</tr>
<tr>
<td>Cardiology</td>
<td>582</td>
<td>590</td>
<td>98</td>
<td>150</td>
<td>680</td>
</tr>
<tr>
<td>General Medicine</td>
<td>10578</td>
<td>9200</td>
<td>1781</td>
<td>2300</td>
<td>12359</td>
</tr>
<tr>
<td>General Surgery</td>
<td>5506</td>
<td>5840</td>
<td>1343</td>
<td>1460</td>
<td>6849</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>1241</td>
<td>1490</td>
<td>524</td>
<td>380</td>
<td>1765</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>3297</td>
<td>3160</td>
<td>818</td>
<td>790</td>
<td>4115</td>
</tr>
<tr>
<td>Oncology</td>
<td>250</td>
<td>320</td>
<td>109</td>
<td>80</td>
<td>359</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>2561</td>
<td>2700</td>
<td>829</td>
<td>750</td>
<td>3390</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>3490</td>
<td>3000</td>
<td>860</td>
<td>800</td>
<td>4350</td>
</tr>
<tr>
<td>ENT</td>
<td>1094</td>
<td>1080</td>
<td>513</td>
<td>270</td>
<td>1507</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29202 (80%)</strong></td>
<td><strong>27900</strong></td>
<td><strong>7110</strong></td>
<td><strong>36171</strong></td>
<td></td>
</tr>
</tbody>
</table>

Overall Objective for 2004 is to align with the national ratio of 80:20 Public/Private Inpatients Treated

Table 5a

<table>
<thead>
<tr>
<th></th>
<th>Public &amp; Emergency and Elective Activity</th>
<th>Private &amp; Emergency and Elective Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public % Elect % Total % Elect % Total %</td>
<td>Public % Elect % Total % Elect % Total %</td>
</tr>
<tr>
<td>General Medicine</td>
<td>5714 514 8228</td>
<td>606 70 676</td>
</tr>
<tr>
<td>Cardiology</td>
<td>244 244</td>
<td></td>
</tr>
<tr>
<td>General Surgery</td>
<td>2361 892 3253</td>
<td>300 280 580</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>435 336 781</td>
<td>91 113 204</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>1465 409 1864</td>
<td>231 120 351</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>727 360 1087</td>
<td>101 220 321</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>2324 128 2452</td>
<td>401 32 433</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>13270 2719 15989 (86%)</td>
<td>1730 835 2565 14%</td>
</tr>
</tbody>
</table>

175
Table 5b

Sligo General Hospital Public and Private Inpatient Activity

<table>
<thead>
<tr>
<th></th>
<th>Public Emergency and Elective</th>
<th>Private Emergency and Elective</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency</td>
<td>Elect</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>113</td>
<td>490</td>
</tr>
<tr>
<td>Cardiology</td>
<td>315</td>
<td>23</td>
</tr>
<tr>
<td>General Medicine</td>
<td>4096</td>
<td>254</td>
</tr>
<tr>
<td>General Surgery</td>
<td>1678</td>
<td>575</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>247</td>
<td>233</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>305</td>
<td>1028</td>
</tr>
<tr>
<td>Oncology</td>
<td>140</td>
<td>124</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>927</td>
<td>547</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>900</td>
<td>138</td>
</tr>
<tr>
<td>ENT</td>
<td>385</td>
<td>709</td>
</tr>
<tr>
<td>Total</td>
<td>9106</td>
<td>4121</td>
</tr>
</tbody>
</table>

Table 6

Regional Activity – NTPF Funded*

<table>
<thead>
<tr>
<th>NTPF ACTIVITY WITHIN NWBH HOSPITALS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>SGH</td>
</tr>
<tr>
<td>LGH</td>
</tr>
<tr>
<td>Totals</td>
</tr>
</tbody>
</table>

*This refers to activity undertaken in the Board’s Hospitals utilising NTPF funding and the outturn includes numbers treated and referred

**To be negotiated with NTPF
Financial Statement & Service Plan 2004

Table 6a
Regional Data – INPATIENT WAITING LISTS

<table>
<thead>
<tr>
<th></th>
<th>31.12.02</th>
<th>31.12.03</th>
<th>Target 31.12.04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>Adults &gt; 12 months</td>
<td>Children &gt; 6 months</td>
<td>Adults &gt; 12 months</td>
</tr>
<tr>
<td>LGH</td>
<td>74</td>
<td>24</td>
<td>119</td>
</tr>
<tr>
<td>SGH</td>
<td>78</td>
<td>54</td>
<td>114</td>
</tr>
<tr>
<td>Totals</td>
<td>152</td>
<td>78</td>
<td>233</td>
</tr>
</tbody>
</table>

Table 6b
Regional Data – INPATIENT WAITING LISTS - BREAKDOWN

<table>
<thead>
<tr>
<th></th>
<th>31.12.02</th>
<th>31.12.03</th>
<th>Target 31.12.04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital LGH</td>
<td>Adults &gt; 12 months</td>
<td>Children &gt; 6 months</td>
<td>Adults &gt; 12 months</td>
</tr>
<tr>
<td>Surgery</td>
<td>38</td>
<td>24</td>
<td>78</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>8</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>28</td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>Total LGH</td>
<td>74</td>
<td>24</td>
<td>119</td>
</tr>
<tr>
<td>Hospital SGH</td>
<td>Adults &gt; 12 months</td>
<td>Children &gt; 6 months</td>
<td>Adults &gt; 12 months</td>
</tr>
<tr>
<td>ENT</td>
<td>28</td>
<td>43</td>
<td>26</td>
</tr>
<tr>
<td>Surgery</td>
<td>9</td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>38</td>
<td>8</td>
<td>56</td>
</tr>
<tr>
<td>Total SGH</td>
<td>78</td>
<td>54</td>
<td>114</td>
</tr>
</tbody>
</table>

Table 7
Regional Activity – BED DAYS - % Occupancy for core specialties

<table>
<thead>
<tr>
<th></th>
<th>Letterkenny General % Occupancy</th>
<th>Sligo General % Occupancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>118%</td>
<td>105%</td>
</tr>
<tr>
<td>Surgical</td>
<td>106%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Table 8  
Regional Activity – Maternity Cases

<table>
<thead>
<tr>
<th>Hospital</th>
<th>2003 Target</th>
<th>Projected outturn 2003</th>
<th>Variance²</th>
<th>2004 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGH</td>
<td>1640</td>
<td>1752</td>
<td>6.80</td>
<td>1700</td>
</tr>
<tr>
<td>SGH</td>
<td>1300</td>
<td>1310</td>
<td>0.76%</td>
<td>1300</td>
</tr>
<tr>
<td>Total</td>
<td>2940</td>
<td>3062</td>
<td>4.15%</td>
<td>3000</td>
</tr>
</tbody>
</table>

Table 9  
Regional Day Case Activity

<table>
<thead>
<tr>
<th></th>
<th>DAY CASES (PUBLIC):</th>
<th></th>
<th>DAY CASES (PRIVATE):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outturn 2003</td>
<td>Projected turnout 2003</td>
<td>Outturn 2003</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>2407</td>
<td>Ophthalmology</td>
<td>703</td>
</tr>
<tr>
<td>Cardiology</td>
<td>8146</td>
<td>Cardiology</td>
<td>835</td>
</tr>
<tr>
<td>General Medicine</td>
<td>4301</td>
<td>General Medicine</td>
<td>883</td>
</tr>
<tr>
<td>Nephrology</td>
<td>7885</td>
<td>Nephrology</td>
<td>883</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>635</td>
<td>Rheumatology</td>
<td>463</td>
</tr>
<tr>
<td>General Surgery</td>
<td>6147</td>
<td>General Surgery</td>
<td>1549</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>2121</td>
<td>Gynaecology</td>
<td>1549</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>507</td>
<td>Obstetrics</td>
<td>255</td>
</tr>
<tr>
<td>Haematology</td>
<td>1079</td>
<td>Haematology</td>
<td>952</td>
</tr>
<tr>
<td>Oncology</td>
<td>3555</td>
<td>Oncology</td>
<td>952</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>314</td>
<td>Orthopaedics</td>
<td>178</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>831</td>
<td>Paediatrics</td>
<td>257</td>
</tr>
<tr>
<td>ENT</td>
<td>2311</td>
<td>ENT</td>
<td>53</td>
</tr>
<tr>
<td>Total</td>
<td>40279</td>
<td>Total</td>
<td>5303 (12%)</td>
</tr>
</tbody>
</table>

*Refer to Targets in Table 1
### Table 9a

Letterkenny General Hospital

<table>
<thead>
<tr>
<th></th>
<th>DAY CASES (PUBLIC)</th>
<th>DAY CASES (PRIVATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outcome 2003-04</td>
<td>Outcome 2003-04</td>
</tr>
<tr>
<td></td>
<td>Target 2004</td>
<td>Target 2004</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>217</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Cardiology</td>
<td>4713</td>
<td>Cardiology</td>
</tr>
<tr>
<td>General Medicine</td>
<td>2169</td>
<td>General Medicine</td>
</tr>
<tr>
<td>Nephrology</td>
<td>5017</td>
<td>Nephrology</td>
</tr>
<tr>
<td>General Surgery</td>
<td>4255</td>
<td>General Surgery</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>1402</td>
<td>Gynaecology</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>507</td>
<td></td>
</tr>
<tr>
<td>Haematology</td>
<td>1079</td>
<td>Haematology</td>
</tr>
<tr>
<td>Oncology</td>
<td>1766</td>
<td>Oncology</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>129</td>
<td>Orthopaedics</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>230</td>
<td>Paediatrics</td>
</tr>
<tr>
<td>ENT</td>
<td>1049</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22533</strong></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td></td>
<td>(90%)</td>
<td></td>
</tr>
</tbody>
</table>

*Please refer to Table 1a*
### Table 9b

Silgo General Hospital

<table>
<thead>
<tr>
<th></th>
<th>DAY CASES (PUBLIC)</th>
<th>DAY CASES (PRIVATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Based on discharge information)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2003</td>
<td>2004</td>
</tr>
<tr>
<td></td>
<td>2003</td>
<td>2004</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>2190</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Cardiology</td>
<td>3433</td>
<td>Cardiology</td>
</tr>
<tr>
<td>General Medicine</td>
<td>2132</td>
<td>General Medicine</td>
</tr>
<tr>
<td>Nephrology</td>
<td>2968</td>
<td>Nephrology</td>
</tr>
<tr>
<td>General Surgery</td>
<td>1892</td>
<td>General Surgery</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>719</td>
<td>Gynaecology</td>
</tr>
<tr>
<td>Oncology</td>
<td>1829</td>
<td>Oncology</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>185</td>
<td>Orthopaedics</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>601</td>
<td>Paediatrics</td>
</tr>
<tr>
<td>ENT</td>
<td>1262</td>
<td>ENT</td>
</tr>
<tr>
<td>Total</td>
<td>17111 (83%)</td>
<td>Total</td>
</tr>
</tbody>
</table>

*Please refer to Table 1b*
KEY POINTS OF NOTE / KEY RESULT AREAS 2004

- Activity targets in line with 2003 levels
- Consolidation of new service developments – Oncology, Haematology, Cardiology
- Consultant appointment programme
- Maintain progress in meeting Waiting List Targets by working closely with NTPF
- PACS / MRI Service
- Capital Programme – both hospitals
  - Beds
  - Paeds
  - Renal
  - A & E
- Maxmise opportunities for further positive Case Mix funding adjustments
- Quality Improvement Initiatives a priority

CONCLUSION

A significant management effort, across all disciplines, will continue to be required in 2004 in order to deliver services within funded levels. The focus in the main will be in consolidating services. The Budget Management Strategy requires action on effectiveness and efficiency measures immediately in order to spread the impact over the full year. A small number of important developments in respect of which funding has been provided, can be proceeded with. Many developments will be dependent on good performance against budget and approved employment levels in order to release the potential for the re-deployment of resources. Very significant challenges in relation to bed capacity remain, particularly at Letterkenny General Hospital. Continuous effort will be required in order to address that particular matter and also the range of other infrastructural needs at Letterkenny, Sligo and Manorhamilton Hospitals.
12.2 PALLIATIVE CARE

12.2.1 CONTEXT

ROLE AND PURPOSE

Palliative care is the active total multi-disciplinary care of people with an illness unresponsive to curative treatment and a terminal prognosis. Control of pain, and other physical symptoms has a high priority, but Palliative Care affords an equal emphasis on the care of psychological, social, and spiritual problems and regards the patient and their family or carers as an integral unit. Palliative care affirms life and regards dying as a normal process. An evidence based improvement in quality of life is central to its ethos.

NATIONAL AND REGIONAL POLICY FRAMEWORK

Palliative Care Service is guided by the following National Reports:

- National Health Strategy, Quality and Fairness, A Health System for You.- "A National Palliative Care service will be developed". (Q&F Action 30)
- Report Of The National Advisory Committee On Palliative Care, Department Of Health And Children 2002

NEEDS ANALYSIS

The completion of the Palliative Care Needs Assessment will Inform the future direction of Palliative Care Services in the Board's Region.

The strategic direction guiding the provision of our Palliative Care Services is that:-

i) All services will be focused on the comfort and quality of life of patients and their families (Q&F Action 50)

ii) The multi-disciplinary approach required in delivering such services and the fostering of teamwork at all levels of service provision will be recognised. (Q&F Action 104)

iii) The important role of the voluntary sector will be fully acknowledged and every effort will be made to further encourage such efforts and partnerships. (Q&F Action 72)

iv) Patients will have equality of access to services, based on clinical needs(Q&F Action 53)

v) The wishes of patients and their relatives will continue to be a primary consideration at all levels of decision making (Q&F Actions 50, 52)

12.2.2 BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

Palliative Care Services are provided in a range of settings within the Board's existing Hospitals and Community Services Programmes including general hospitals, community hospitals, hospices, home care and primary care services.

<table>
<thead>
<tr>
<th>ACHIEVEMENTS 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Donegal Hospice – 4 beds commissioned</td>
</tr>
<tr>
<td>• Extension of Home Care Service to 7 days (North West Hospice)</td>
</tr>
</tbody>
</table>

This plan should be read in conjunction with the CEO's Overview (Section 1) and Population Health Section (Section 3) of this Service Plan.
12.2.3 THE YEAR AHEAD

12.2.3.1 2003 ACTIONS ONGOING INTO 2004

The following actions planned for 2003 will form part of ongoing work in 2004.

- Completion of Palliative Care Needs Assessment
- Establishment of Consultative and Development Regional Palliative Committees
- Progress DOHC approval for a 2nd Consultant in Palliative Medicine

12.2.3.2 AIMS AND OBJECTIVES 2004

The core objective of Palliative Care Services is to provide, within available resources, a comprehensive range of inpatient, outpatient and day case services, in response to identified need and in accordance with the principles of equity, people-centredness, quality and accountability. Our overall objectives for 2004 are:

- All services will be focused on the comfort and quality of life of patients and their families (Q&F Action 50)
- The multi-disciplinary approach required in delivering such services and the fostering of teamwork at all levels of service provision will be recognised. (Q&F Action 104)
- The important role of the voluntary sector will be fully acknowledged and every effort will be made to further encourage such efforts and partnerships (Q&F Action 72)
- Patients will have equality of access to services, based on clinical needs (Q&F Action 53)
- The wishes of patients and their relatives will continue to be a primary consideration at all levels of decision making (Q&F Actions 50, 52)

12.2.3.3. ACTIONS TO ACHIEVE OBJECTIVES

Objective I) All services will be focused on the comfort and quality of life of patients and their families (Q&F Action 50)

- Commission additional beds in Donegal Hospice Unit – subject to funding (Q&F Action 31)
- Provide a quiet room within Sligo and Letterkenny General Hospitals for the Hospital Support Teams to meet with distressed and grieving relatives and patients in privacy and with dignity (Q&F Action 55)

Objective II) The multi-disciplinary approach required in delivering Palliative Care services and the fostering of teamwork at all levels of service provision will be recognised. (Q&F Action 104)

- Appointment of paramedical support staff to Donegal Hospice in line with Palliative Care Needs Assessment (Q&F 31)
- Introduce a management information database (Pall Care) – which will have a significant impact on the quality of information/communication available to the Home care service (Q&F 116)
- Develop and pilot a telematics link to support Home Care Nursing staff. (Q&F 116)

Objective III) The important role of the voluntary sector will be fully acknowledged and every effort will be made to further encourage such efforts and partnerships (Q&F Action 72)

- Completion of Palliative Care Needs Assessment (Q&F 31)
- Establishment of Consultative and Development Regional Palliative committees(Q&F 31)
**Objective iv)** Patients will have equality of access to services, based on clinical needs (Q&F Action 53)

- Establish 2nd Consultant in Palliative Medicine post (Q&F 31)
- Augment Home Care Nurse Service in Donegal Community Services (Q&F 55)

**Objective v)** The wishes of patients and their relatives will continue to be a primary consideration at all levels of decision making (Q&F Actions 50, 52)

- Establishment of Consultative Regional Palliative committee will have consumer and voluntary representation (Q&F Action 52)

12.3.5. **MONITORING MECHANISMS AND EVALUATION**

Monitoring of this Service Plan will be undertaken as outlined in the CEO's Overview (Section 1).

**PERFORMANCE INDICATORS**

There are no specific Performance Indicators included in the national suite, against which the board will report in 2004. However there will be ongoing monitoring of service provided and specific performance indicators will be drawn up in the context of the Palliative Care Needs Assessment.

**PALLIATIVE CARE SERVICE - LETTER OF DETERMINATION FUNDING 2004**

<table>
<thead>
<tr>
<th>SERVICE OBJECTIVES</th>
<th>ACTIONS TO ACHIEVE OBJECTIVES</th>
<th>LOF FUNDING</th>
</tr>
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<tr>
<td>Patients will have equality of access to services, based on clinical needs (Q&amp;F Action 53)</td>
<td>Support the funding of 3 Home Care Nurses in Donegal</td>
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<tr>
<td>Patients will have equality of access to services, based on clinical needs (Q&amp;F Action 53)</td>
<td>Establish post of 2nd Consultant in Palliative Care</td>
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</tbody>
</table>

12.3.4. **KEY ISSUES FOR THE YEAR AHEAD**

Apart from the generic key issues as referred to in the CEO’s Overview (Section 1), Care Group specific key issues are as follows

The finalisation of the Palliative Care needs assessment for the region is likely to identify additional areas in which services will need to be strengthened.

**KEY POINTS OF NOTE / KEY RESULT AREAS 2004**

- Further commissioning Donegal Hospice – contingent on securing additional/alternative funding
- Completion of Palliative Care Needs Assessment
- Advance the appointment of a 2nd Consultant in Palliative Care Medicine
- Continuation of partnership with voluntary/Hospice sector
13. CORPORATE SERVICES

Within the North Western Health Board, the Corporate Functions provide support to the programmes to deliver services to the consumers. This section of the Service Plan contains a high-level plan for the following functions:

- Human Resources including
- Regional Nursing and Midwifery Services
- Public Health
- Technical Services
- Management Services
- Regional Development
- Health Promotion
- Purchasing Secretariat

13.1 HUMAN RESOURCES

Human Resource Management (HRM) encompasses all aspects of the structures, processes and activities that contribute to the planning, recruitment, development and reward of all employees. Managing the HR function is one of the most important strategic and infrastructural supports of an effective health service and plays a critical role in ensuring that the objectives of the organization are achieved. Underpinning its role is the belief that effective people management is the key to an organisation's success. The role of the line manager in the effective implementation of HR policies is central and crucial.

This view is reflected in Quality and Fairness, in which 'developing Human Resources' is identified as one of the 6 'Frameworks for Change' needed to achieve the vision, principles and goals of the strategy. It recognises that changes are needed in how people are managed. The Action Plan for People Management (APPM), published in November 2002, provides the strategic focus for HR service development over a 5-7 year period, with much of the impetus coming in the initial 3 year period. From a review of 2003, it is notable that a significant number of programmes are already under way in the NWHB that address many aspects of this. Future service provision and development will be informed by the specific actions identified in the APPM and are highlighted in the Human Resource Service Plan.

The Board's HR policies and practices are delivered and managed through a range of discrete but interdependent units and a detailed Service Plan for each unit is contained within the Operational Plan. Many of the actions contained therein involve joint working between different parts of the HR Department. There are strong links between the central HR services and those that work directly with the General Manager units.

A BRIEF OUTLINE OF THE SERVICE(S) AS CURRENTLY PROVIDED IS OUTLINED:

PERSONNEL ADMINISTRATION SERVICE is responsible for the development, maintenance and management of effective and efficient personnel administrative systems. Its core activities include providing HR Information, employment control, maintenance of organisational structure & PPARS, pensions (Superannuation) & retirement planning, administration of terms & conditions, personnel administration (PA) procedures, office management (OM), records and documentation access (FOI Act 1997 and 2003; Data Protection Act 2003).

RECRUITMENT SERVICE aims to deliver a high quality, cost effective and timely recruitment, selection and probationary service, inclusive of induction, to the organisation. Other core activities include workforce planning advisory services, mechanisms for employment control i.e. post tracking, and an advisory and guidance service to the four devolved HR offices.

EMPLOYEE & STAFF RELATIONS SERVICE includes Partnership, industrial relations, pay and conditions, negotiation, policies, employee health, safety & welfare. Also included in this Unit are:

This plan should be read in conjunction with the CEO’s Overview (Section 1) and Population Health Section (Section 3) of this Service Plan.
• **OCCUPATIONAL HEALTH SERVICE**, which aims to prevent the development of occupationally induced conditions and protect staff from recognised hazards. It also acts as an independent advisory service to both management and staff.

• **EQUALITY & DIVERSITY OFFICER**, who promotes, supports and monitors equality & diversity issues across all services & staff.

**LEARNING & DEVELOPMENT SERVICE** provides, supports and monitors the provision of learning and development opportunities across all services and staff. It includes management training, development, induction, organisation development & change. The Women's Network is also part of this unit.

An **Organisational Psychology** service is being developed as an internal consultancy resource with an Initial focus on recruitment, organisational development, and management/staff supports.

**ONGOING WORK FROM 2003 INVOLVES IN PARTICULAR THE FOLLOWING:-**

• PPARS Implementation
• Superannuation – profiling, histories
• Management Information Reporting

**KEY RESULT AREAS FOR 2004 INCLUDE:-**

HR Information – exploiting all management information tools

SAPHR / PPARS Phase 2 - implementation (North West is a pilot site)

Superannuation - confirm histories, maximise income

Records maintenance

Recruitment – including audit of contracts, recruitment processes, E-Recruitment, shared services (Actions 1 & 2 of APPM)

Employee Relations – including partnership philosophy, sustaining progress requirements, performance management (Actions 3, 4 & 7 of APPM)

Equality & Diversity - including "equality proofing", mainstreaming policy and continuing research (APPM Action 2.2)

Occupational Health – improve quality of working life’ & Action 2.2 -Promoting employee well-being (APPM Action 2.1)

Organisational Psychology — internal consultancy (Action 1.2)

Learning & Development – including Health, Safety and Welfare, People Management, continuing professional education, E-Learning; rapport with 3rd level institutions and specific progress on CIPD

Women’s Network – inclusive of themes such as work/life balance, awareness raising; family friendly initiatives, cross border initiatives, gender equality

A NUMBER OF KEY CONTINGENCIES HAVE PARTICULAR SIGNIFICANCE FOR THE BOARD AND HRM. THEY INCLUDE:

• Health service reform programme – capacity issues – people to deliver, back filling, 'keeping the show on the road' in midst of change, challenge of nurturing organisational competence and health at time of accelerated change and uncertainty, volume of information requests from national/local reform projects
The Board's service is dependent on staff fitness for purpose. The HR agenda of achieving fitness is multifaceted, from effective recruitment, induction, continuous learning and training, through to ensuring a supportive environment, (inclusive of physical, social, health and safety etc), within which staff should flourish. The challenge in 2004 is all the greater by virtue of the parallel National Health Services Organisational Reform Programme. Continuing sharp focus on this HRM remit is critical if patient services are to continue to benefit.

13.2 THE REGIONAL NURSING AND MIDWIFERY SERVICES STRATEGY

Nurses and Midwives by virtue of their skills and competencies continue to be at the centre of care delivery services. Nursing and midwifery led care are a key feature of service delivery now and into the future.

2003 has continued to see an increase in the development of Clinical Nurse Specialist roles. These ongoing role developments are in line with the National Strategy and will be an integral part of the Nursing and Midwifery response to the National Taskforce on Medical Staffing Report, the Reform Programme and the Sainsbury Review. It is expected that the first Advanced Nurse Practitioners will be in post by the end of 2004 in the Accident & Emergency Departments and arrangements are in place to commence the process for other Advance Practice roles such as Oncology, Diabetes, Drugs / Alcohol addiction, Cognitive Behavioural Psychotherapy and Challenging Behaviour.

To underpin these developments and to prepare other potential practitioners, fourteen Higher Diplomas are now available in the Region and work has commenced on the development of Masters Programmes in Nursing at St. Angela's College, and Letterkenny Institute of Technology.

The Nursing Midwifery Planning & Development Unit has continued to build on its good relationships with the National Council for Professional Development of Nursing & Midwifery and have received substantial funding for a wide range of care related Projects.

The Student Nurse Recruitment Campaign has again been very successful with the number of applications (under the full CAO system) remaining very high. The first year of the four-year degree programme has been complete and the partnership arrangements with the Higher Education Colleges is strong and effective.

While nursing and midwifery recruitment has encountered some difficulties in 2003 the low turnover rate in the region suggests that the North West is a good place to work and live. To support recruitment and retention developments have taken place in quantitative nursing and midwifery profiles and the provision of development programmes for Service managers in Workforce Planning have been undertaken.

A Nursing and Midwifery website has been developed as an interactive forum for the promotion of information technology as a support for best practice and information dissemination. A key feature of 2004 will be the development of a computer supported clinical learning environment tool.
Financial Statement and Service Plan 2004

Corporate Services

The Centres of Nursing & Midwifery Education are now functional and will provide a wide range of professional development and continuing education programmes. The national training course for Health Care Assistants has commenced and the first group of sixty students are now registered.

The Regional Practice Development Co-ordinators have continued to play a major part in moving practice forward for example, the Clinical Guideline Programme has been extended, the Essence of Care Framework for Benchmarking and Clinical Governance has been further developed and will be introduced in two other area, the Renal Dialysis Unit has received accreditation through the University of Leeds and it planned that two Community Hospitals will commence the process in 2004, a Framework for Clinical Governance will be published in the first quarter of 2004.

A challenge for next year will be to build on the opportunities provided with the publication of the Sainsbury Review of Mental Health Services, particularly in the area of practice and staff development. The publication and actioning on a phased basis of the following reports will commence in 2004:

- The Nursing & Midwifery Research Strategy
- The Regional Nursing & Midwifery Strategy

13.3 PUBLIC HEALTH

In a particular way, the Public Health Department is charged with reassuring Board service management that they are doing "the right things, in the right way, on the right patients".

The Department of Health Strategy for effective health care in the 1990's "Shaping a Healthier Future" emphasised the importance of the "reshaping or reorientation of the health services so that improving people's health and quality of life becomes the primary and unified focus of all our efforts". The Departments of Public Health Medicine were set up in 1995/1996 to assist Health Boards with this function. This work has now progressed to encompass the principles and goals contained in the second strategy produced by the Department of Health and Children — "Quality and Fairness".

Public Health provides a regional service; members work with a broad range of Professionals and Managers involved in the planning and delivery of services across all of the Board's programmes. We also work with statutory and voluntary groups whose work impacts on the health and social well-being of the population.

There are a large number of ongoing projects - 46 in all, ranging from Acute Services, e.g. Pre-Hospital Cardiac Care Project, develop First Responders Scheme, development of care pathways for hip fractures to implementation and Co-ordination of the Cardiovascular Strategy, Diabetes Care in the acute services/primary care interface, Children's Services, Older People, Mental Health Services and Health Inequalities and Social Inclusion.

The ongoing projects, as a matter of course, will be reviewed in light of emerging 2004 priorities and emphases for example Cancer Services, Dementia Review, MRI, Clinical Risk Management.

The Public Health Department this year will take a lead role in driving and consolidating the Board's overall Risk Management Programme.
13.4 HEALTH PROMOTION

While Health Promotion is a corporate function in its own right, the many initiatives are operationalised in the various service and care group areas. Details are woven into the accompanying chapters on Mental Health, Primary Care, Older People, Children, Disabilities and Acute Services etc. The purpose of the corporate function is to ensure that a health promoting perspective is maintained in focus and that initiatives are supported by experts in this area.

This integrated approach provides the framework in which Health Promotion is pursued.

The overarching themes in this Service Plan centre particularly on:-
- Smoking
- Alcohol
- Nutrition
- Physical Activity
- Mental Health
- Sexual Health
- Accident Prevention

13.5 REGIONAL DEVELOPMENT/ EUROPEAN SERVICES

The purpose of the Regional Development/European Department is to contribute to health and social gain in the North West region through a concentrated focus on inter-agency links within the region, on a cross-border basis and, where appropriate, internationally.

This work is effected through the provision of a regionally based European Information Service, involvement in the Local Development process through the Area Partnership Boards and County Development Boards, and through participation in the work of the Border Regional Authority and of the Border, Midlands & Western Regional Assembly. For the most part, the cross-border focus is maintained through supporting the work of Co-operation & Working Together (CAWT), the network representing the four Health Boards on each side of the Border and the relevant Trusts in Northern Ireland. Other corporate services which fall within the remit of the unit and are supported, include: -

- Consumer Services
- Freedom of Information Services
- The Regional Appeals Office & Legal Services Function
- The Business Process Development Unit
The challenge for 2004 is to further develop interagency and cross border relationships and exploit all opportunities in a positive sense.

13.6 MANAGEMENT SERVICES

Management Services provides a number of services to the other parts of the North Western Health Board. The core service is the provision of Information and Communication Technology (ICT) to the board. The service is delivered through a corporate function, geographically based throughout the board, in conjunction with local IT resources in the General Manager functions.

ICT funding comes from a number of sources and during 2003 we saw a full shift in directing funding to large national programmes, such as PPARS, HIS and FISP. This will continue into 2004 with no local funding at a regional level for ICT. Priority must now be given to the large national programmes and the National Health Information Strategy (NHIS) and HEBE ICT Strategy will provide a strategic framework going forward for all new developments. It is expected that these two key reports will be published early next year.

With the delivery of the National Health Information Strategy it is hoped that further funding will be available to support health informatics and ICT developments. Inevitably the national strategies will place a strong emphasis on standards in terms of information, technology and business processes. It is in the interests of the board to ensure we continue to exploit ICT to benefit our patients and clients.

There are significant preparatory steps that can be taken in order to advance the board in preparation for the NHIS and ICT strategy. It is intended to prioritise these projects as ‘critical’ to ensure they get protected funding from the Boards ICT NDP Programme. Projects which are in this category for 2004 are PPARS Phase II, the H.I.S project and a review of Primary, Community and Continuing Care systems. The implementation of SAP Payroll and Expenses during early 2004 will require significant effort as the NWHB is the first Board in the country to implement this phase. As the contract has now been awarded for the H.I.S. a project team will be set up in the Board to begin the preparatory work necessary for the implementation of the new H.I.S. A regional project steering group has already been established and project managers have been assigned to lead out on this work. The review of Primary, Community and Continuing Care has already commenced and will continue into early 2004. This review will enable us to identify opportunities for enhanced integration and developments to ensure that we are in a position to support new models of service provision in this area.

In addition to the above projects there are a significant number of high priority projects that in a number of cases have already commenced but will be delivered and rolled out during 2004. Projects, such as the E.H.O. system and the National G.R.O. project will be rolled out to all of the sites during 2004. It is planned to implement the PACS system, which is already operating in Letterkenny General hospital, in Sligo General hospital and a number of Community hospitals. Further modules of the Childcare Information project will be implemented in accordance with National data standards in this area. Procurement of a system to support a diabetic register and Community retinography is taking place and will be implemented during 2004. Systems to support the staff of the Board e.g. eLearning project and the enhancement of the corporate intranet are also a priority.

The increasing number of systems being implemented to support the delivery of services puts additional demands on the capacity and reliability of the ICT Infrastructure. Some of the priorities for 2004 will be a review of the Board’s data centres and a wide area network upgrade. This work will also strengthen our infrastructure for the implementation of future national systems that will inevitably follow from the publication of the NHIS and the HEBE ICT strategy.
13.7 TECHNICAL SERVICES

The Technical Services function provides a support role and technical expertise to the Board by servicing to enhance and sustain premises in terms of capital investment, specification and maintenance and in promoting compliance with all Health and Safety legislation, for the creation of a safer healthcare environment.

There is shared responsibility with General Managers to ensure that planned preventative maintenance programmes for all premises, plant, equipment and new facilities are in place.

Action 93 and 47 (National Health Strategy) states capital funding will be allocated for the regular maintenance of facilities, planned replacement of equipment and upgrading of waiting areas in health facilities. It is anticipated that the 2003 Minor Capital Programme will be repeated in 2004.

Key Result Areas for 2004 Include:

- **Estate Management** – maintenance programmes in conjunction with line management (Ref CEO’s Overview - Section 1)
- **Minor Capital Works Programme**
- **Energy** – Cost Reduction Programme building on the significant successes of the past 2-3 years
- **Waste Management** – Development of new waste Management Policy and Strategy
- **Fire Safety** – Continual staff awareness training on fire safety, risk management assessment and response management
- **Service Contracts** – Apply best practice, seek quality with value for money and comply with current legislation, service and safety requirements
- **Greencode** – Planned introduction of a hospital environmental management system
- **Facilities/Utilities Management** – Prepare a development plan for the laundry service throughout the region
- **Engineering Insurance** – ensuring procedures are updated in line with statutory requirements for all plant and equipment

13.8 PURCHASING SECRETARIAT

The purpose of the Purchasing Secretariat is to contribute to health and social gain through best practice procurement, thus maintaining costs and releasing maximum funds for direct patient services.

In tandem with the Board’s own procurement strategy, the Board operates in the context of the Health Procurement Strategy and the Health Sector Procurement Policy. The Board gives practical effect to these by actively working on an inter-agency basis and in cooperation with HeBE initiatives. At the core of these strategies and policies, are the principles of inclusiveness, openness and value based solutions.

The services provided by the Purchasing Secretariat include:

**Contracting Services** Three teams manage the tendering and contracting processes for consumable goods:-

- Medical & Surgical supplies
- General and Hotel supplies
- Equipping and Equipment Contracting including the requirements of the Board’s NDP programme.
A standard approach involves working with the customer in delivering value and quality based solutions. Current contract portfolio is circa €60M. The teams operate in a local, regional and national context, as required.

Warehousing & Distribution service has the key role of managing the supply of goods and services to customers. The Board has two warehouse teams, one serving Donegal and the other serving Sligo - Leitrim. Each team has two elements, one Medical & Surgical supplies and the other General & Hotel supplies serving a total of 866 customers throughout the Board.

Customer Support is a key factor of the contracting, warehousing and distribution processes; with the involvement of the customer in all steps of the process, the ultimate goal of which is to secure the best value for the Board and its client/patient base.

Corporate Service Support in the form of guidance and advice to all Board managers and staff on procurement issues and spend is available.

In line with the Board’s theme of consolidation through 2003 and 2004, the work of the Secretariat will be focussed on:
- Contracting
- Warehousing
- National Projects – HeBE

KEY RESULT AREAS FOR 2004 INCLUDE:
- Deliver savings to the Board through the extension and review of contracting areas while meeting service level needs.
- Modernise, rationalise and consolidate warehouse arrangements
- Continue to participate and input to development of recommendations of National Procurement Strategy

The Board is critically dependent on this corporate function to ensure non-pay expenditure delivers very substantial VFM savings.
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## NORTH WESTERN HEALTH BOARD

### PROGRAMME ALLOCATION 2004

#### HOSPITAL CARE PROGRAMME

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<td>Settings and Client Group Allocation 2004</td>
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North Western Health Board
Settings and Client Group Allocation 2004

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North Western Health Board
Settings and Client Group Allocation 2004

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# North Western Health Board

## Settings and Client Group Allocation 2004

### Learning Disability Services

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## North Western Health Board
### Settings and Client Group Allocation 2004

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<td>Dental Services</td>
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Mr Pat Harvey  
Chief Executive Officer  
North Western Health Board  
Manorhamilton  
Co Leitrim  

4th December 2003  

Determination of Health Expenditure for 2004  

Dear Mr Harvey  

1. Introduction  

I am writing to advise you of the Minister’s determination of health expenditure for your Board for 2004 under Section 5 of the Health (Amendment) (No. 3) Act, 1996 (referred to in this letter as the Act) and your Board’s revised determination for 2003.  

As you are aware, following on the Government decision of 17 June last, preparations are underway for the introduction of new structures and governance arrangements for the health system. Transition to the new structures will require the enactment of new legislation. The planned date of transfer of responsibility to the new Health Service Executive is January 2005. The health boards and ERHA will therefore retain formal responsibility for managing the system within the existing legislative framework during 2004.  

2. 2004 Funding  

The funding provided by Government for 2004 includes the Estimate for Health and Children as contained in the Abridged Estimates Volume 2004, together with the funding contained in the 2004 Budget figures. This funding should in overall terms support the broad range of services currently delivered, taking into account the impact of the increased charges and value for money targets as outlined. It is clear, therefore, that the task of managing services within approved parameters in 2004 will again be a challenging one. The experience of your Board during 2003 should provide a strong indication of the areas where pressures can be anticipated in 2004. In preparing the Service Plan and budget, all areas of activity and spend will need critical evaluation so that available resources are targeted at national priority areas and emerging needs as far as possible. Given the dominance of pay cost in overall spend, all staffing allocations and, in particular, premium pay elements should be critically reviewed in this process.  

The Minister, conscious of the extra demand placed on particular services in 2003, has taken the deliberate step of prioritising specific services so as to provide some additional protection in the Service Plan. Such services include cancer, renal and services for older people in the main and, together with the
additional funding in the Budget for disability services, should add a measurable impact to the planned service provision in these areas in 2004. You are requested to indicate in your Service Plan the specific service volumes planned in these areas in 2004.

3 Planning for 2004 Spending

As in 2003, your Board is advised to set aside a contingency provision to deal with unexpected issues and service pressures arising in 2004. The Minister for Finance has again advised that Supplementary Estimates cannot be anticipated, and your Board will again be expected to manage items such as minor pay, pay related issues and demand-led services from within the notified determination.

4 Approved Expenditure Level for 2004

The level of non-capital expenditure for 2004 (i.e. gross expenditure less minor income) determined for your Board is €495.674m.

When comparing this figure with your Board’s net expenditure in 2003, account should be taken of the once-off expenditure in 2003.

Your Board’s revised level of non-capital expenditure for 2003 is €470.840m (including the 2003 Supplementary Estimate).

Outline details of the funding for services are set out at Appendix One. The approved expenditure level for 2004 notified to you above includes provision for technical and other adjustments of:

- Non-Pay inflation factor of 2.8%
- Sustaining Progress agreement in 2004
- Benchmarking, 50% of the award
- Parallel Benchmarking full year cost
- Patient charges, including A & E
- Drugs Payment Scheme increase in threshold
- VFM Targets
- Budget Day funding

Your Board’s service plan should be drawn up within the parameters above for the year 2004.
5. **Funding of Initiatives Under Health Strategy “Quality and Fairness”**

Reference has already been made to the need to review all programme spending to secure efficiencies and improve effectiveness. Apart from the specific service priorities identified above, the overall policy framework which health boards/ERHA are asked to address in preparing Service Plans for 2004 is that set out in the Health Strategy. By continuing to shape services along the lines advocated in the Strategy, it should be possible in the context of an overall investment in excess of €10 billion in 2004 to make further progress towards the goals and objectives outlined in the Strategy. Further mention is made in paragraph 10.2 regarding reporting of Health Strategy actions by way of regular returns.

6. **Control of Expenditure and Management of Service Plan**

The Minister, as in 2003, wishes to emphasise the critical need for and importance of an effective expenditure control framework and active management of Service Plan delivery. Both requirements put a particular onus on the role of local managers delivering services efficiently and within agreed budgets. Therefore, the structures operating in 2003 should be reviewed and, where appropriate, strengthened in order that the system is fully responsive and effective across all programmes and care groups. Similar systems should be in operation within agencies funded by your Board.

7. **Reporting on Expenditure and Service Plan**

The arrangements introduced by the Minister for Finance in 2003 for reporting progress on expenditure will continue in 2004. The Minister for Finance will again publish cash and expenditure profiles as submitted by Departments, and monitor these against actual results.

To enable the Minister for Health and Children to comply with the Government reporting arrangements, the following information sets and timeframes will again be required from your Board:

- **Cash Profile**: you are requested to prepare a monthly cash profile, aligned to your service plan expenditure, taking fully into account the trends in expenditure and the impact of delivery month by month, including the contingency element, consistent with the overall total cash advised. You should note that this profile will form the basis on which cash will be made available to you on a monthly basis throughout 2004. The profile must provide for the full release of funding included in your Board determination for the GMS, including funding due in relation to 2003, if any. In addition, funding of voluntary and other agencies providing services to your Board must be fully included within the monthly profile.
The cash profile must be submitted by 5th January 2004 for review by the Department before submission to the Minister for Finance.

- IMR: having regard to the circumstance facing the system in 2004 and the absolute necessity to support budget holders, the CEO and his management team, with information to allow the system to respond speedily and effectively to emerging events. The provision of timely and accurate information, both financial and non-financial will be crucial to the successful management of resources throughout the year.

In the first instance the IMR will allow the CEO and his management team and local management to take advantage of opportunities arising and where necessary provide the capability to address emerging difficulties at the earliest possible time.

The IMR, together with the CEO's commentary and the quarterly PI reports, are equally important within the Department in that they inform service and support units on trends in service delivery and specific pressures within the system experienced by individual Boards/Authority. In turn, they allow the Minister to be fully briefed and to appraise his colleagues in Government on performance overall. This is vitally important in the context of demonstrating accountability for resources secured and in supporting the case for continued investment.

To accelerate the use of the IMR at all levels as a management tool you are requested to make the necessary arrangements to provide the IMR, with commentary, to the Department by the 20th of the following month. I appreciate that this places additional pressure on senior management but believe it is justified by the need for timely and accurate information if managers are to be successful in managing their budgets. Your Board and agencies under your direction are therefore asked to put arrangements in place immediately in order to comply with the revised timescales.

8. **Accountability of Chief Executive Officer**

You will be aware that section 9 of the Act places specific responsibilities on a chief executive officer in regard to service plans and financial accountability. In that context it is important that the chief executive officer takes personal responsibility in regard to the reporting arrangements set out in this Letter of Determination on activity, personnel and financial information. It is critical that the process of reporting to the Department includes a clear statement by the chief executive officer of the immediate steps he is taking to manage emerging difficulties in these areas.

Where a CEO delegates to an identified officer of the Board the authority, accountability and responsibility for specific services, the officer must be made explicitly aware by the CEO of what is being delegated. The CEO must take personal responsibility for ensuring that this is the case. However, this
does not dilute, in any way, the CEO's functions under the Act, including Section 9, and those functions therefore remain fully in place. The parameters of control and reporting described in this Letter of Determination apply equally to the CEO and those other officers of the Board to whom authority, accountability and responsibility have been delegated. That delegation must ensure that the officers have the authority to act immediately to address problems which could adversely affect the budgetary position, including any unfunded activity increases or unapproved increases in staffing numbers.

9. Indebtedness Level

Section 8 of the Act requires the notification of the approved level of indebtedness, arising from this determination. This figure is €39,654m for your Board in 2004. A more detailed letter on indebtedness and working capital requirements will issue shortly. The provisions of the Prompt Payment of Accounts Act, 1997 should be strictly adhered to.

10. Service Plans

10.1 Submission of Service Plan

Under the provisions of Section 6 of the Act, each Board must adopt and submit a Service Plan to the Minister. The Service Plan is the benchmark against which your Board's expenditure, output and progress will be assessed during the year. In accordance with sub-section (6) of this section of the Act, the Board is required to take account of the policies and objectives of the Minister, and of the Government.

It will be necessary to complete all matters relating to your Board's Service Plan as a matter of urgency and, in any event, not later than 42 days after receipt of this letter.

The Department will be working with the HeBe project team to further develop the service planning process during 2004. In this context a standardised quarterly progress report format will be agreed to be used in 2004 in conjunction with PIIs and IMRs to monitor Service Plan delivery in 2004.

The Board's Service Plan should be submitted in hard copy to the Minister. In addition, the plan should be e-mailed as one document (in .PDF format) to the e-mail address: serviceplan@health.irl.gov.ie.

10.2 Format and Content of Service Plan

The Department welcomes the CEOs' decision to adopt the standardised National Service Plan Template for the 2004 Service Plan. The template, which is based on best practice, will assist in the monitoring and evaluating of
Service Plan delivery and is in keeping with the Government's Programme of Reform.

It is essential that your Service Plan is realistic and achievable. It should reflect and be grounded in the Strategy, referencing all relevant Strategy actions. You will be aware that the Minister is required to report to the Cabinet Committee on the Health Strategy on a quarterly basis regarding ongoing progress in the implementation of the Strategy and the Health Service Reform Programme. The Service Plan and its associated periodic review reports and meetings are the primary reporting mechanism which facilitate the monitoring of progress in the implementation of the Strategy.

In accordance with section 10 of the Act, if your Board anticipates, on the basis of the information now available, incurring any excess or credit on expenditure in 2003, your service plan must clearly include provision for charging the full amount of such excess or credit to the Service Plan for 2004. An excess expenditure in 2003 must be a first charge on the resources available for 2004. In the case of an excess, your Board should detail, as part of its service plan, how it proposes to recover the excess expenditure in full and bring current expenditure back into line. Any significant excess being brought to account at this stage will, inter alia, raise questions regarding the reliability of your Board's regulatory and reporting systems.

10.3 Documents to accompany your Service Plan

When your Board is submitting its Service Plan to the Minister, please also submit whatever operational details you feel would be helpful in assessing your Service Plan, together with an estimated position at the end of 2003 for your Board in relation to IMR information, the completed Health Strategy PI reporting template referred to in paragraph 11, and also (where possible) PI reports. Budgetary statements by care group should accompany or be part of the Service Plan as far as is practicable at this stage.

10.4 Review of Service Plan

Whilst it is intended that the Service Plan be used throughout the year along with IMR and PI reports as a basis to guide the monitoring and evaluation of Service Plan delivery (and help to identify emerging trends so that action can be taken at the earliest possible time), there will also be periodic formal Service Plan reviews during 2004. For each review of 2004, a specific report will be required (to complement the IMR and PI returns) elaborating on the position regarding the implementation of new developments as well as on core service delivery targeted in the Service Plan.
11. **Performance Indicators**

The Health Strategy emphasises the necessity for service planning and delivery to be based on high quality, reliable and timely information. In this context it is critical that PI reports are submitted by the 20th of the month following on from each quarter. The PI Reports should be sent in hard copy to the Secretary General of the Department and electronically to serviceplan@health.irlgov.ie using the agreed template. The PI data together with the IMRs will better enable monitoring and evaluation of the ongoing position in relation to your Board’s Service Plan. Commentary should cover areas where hard quantitative PI information is not available in full or where the quality of the information may not be optimal. With regard to PIs for Materials Management, you should note that as for 2003, the five most important PIs from the IBM report should be reported on during 2004.

The Minister wishes to acknowledge the good work that has been achieved to date in developing and reporting on the national set of PIs and welcomes the CEOs’ decision to share PI data. You will be aware that the PI reports will assist in monitoring progress of the Health Strategy and in reporting on progress to the Cabinet Committee. It is critical that the quarterly reports are as complete as possible and that the quality of the data is maintained. A number of Strategy actions fall outside the National PI set as they do not readily adapt to this form of measurement. A separate reporting template, which was forwarded to your Board on 17th November 2003, has been devised to facilitate the monitoring of progress in the implementation of these actions. Your Board is required to submit the completed template for 2004 with your Service Plan.

12. **VFM strategies**

12.1 **New Technology Assessment**

New Technology Assessment has an increasingly central role to play in the use of VFM strategies and you are asked that every effort continues to be made to seek out assessments of new technologies to guide their introduction so that tighter targeting of the use of technologies, combined with appropriate protocols, will ensure that new technology is employed only for those cases where clear demonstrable benefits exist and resultant costs are justified. In this regard, it is proposed that the health boards and agencies, pending the establishment of the Health Information and Quality Authority, should continue the development of a common approach to the assessment of new technology under the auspices of HeBE.

12.2 **VFM Targets**

The attainment of better value-for-money through effective and efficient use of resources continues to be a critical objective for all health agencies. The Government have decided that health boards and agencies must continue to pursue VFM during 2004 and your determination reflects an appropriate
amount of a VFM target which is to apply across the boards to both pay and non-pay areas. In developing your approach to achieving that target, you should also take into account possibilities that will emerge from the Procurement Strategy for health services, which is being completed under the aegis of HeBE.

It is critical that all health agencies use the skills and structures now in place to maximise co-operation and actively pursue value-for-money in materials management, particularly in the development of national protocols and contracts. The level of co-operation between boards to achieve greater VFM will be closely monitored by the Department throughout 2004.

13. Health Service Modernisation Programme under Sustaining Progress

The Department is concerned to ensure that the many positive results now being achieved at pilot stage in addressing the specific modernisation objectives set for the health services under Sustaining Progress will be translated into a more positive general impact on the health system overall. At a recent meeting of the Health Service National Joint Council, the trade union side gave a commitment to maintaining the momentum for change and modernisation and to moving the changes being piloted towards more widespread adoption. Both sides accepted the need for a more readily transparent assessment and verification process.

It is essential that clearly defined targets, against which further progress can be incrementally measured, be set over the remaining phases of the agreement. Accordingly, your Board should include in its service plan, specific targets in relation to Sustaining Progress under the following five headings:

- Customer Service;
- Industrial Relations Stability;
- Performance Management;
- Reform; and
- Value for Money.

These are the five priority areas in which the Health Service Performance Verification Group (PVG) requires health agencies to achieve real and verifiable progress between now and 1 June 2005.

The Health Service National Partnership Forum will provide guidance to health boards in relation to this matter.
14. Pay Recommendations of the Public Service Benchmarking Body

Funding is being allocated to your Board in respect of the second (50%) phase of the pay awards recommended by the Public Service Benchmarking Body (PSBB) and due for payment under Sustaining Progress for payment from 1 January 2004. Consistent with standard practice, this funding is inclusive of the general pay round increases agreed in Sustaining Progress.

The allocation for benchmarking is based strictly on the funding allocated to your Board for payment of the first phase of the PSBB’s recommendations earlier this year. In line with the recommendations of the Commission on Financial Management and Control Systems in the Health Service, the Department will in 2004 be updating the costing model for the Health Service developed collaboratively with the health boards for benchmarking. The information requirements arising in this context will be communicated to your Board in due course.

As you are aware, payment of the benchmarking awards is strictly conditional on the successful completion of the performance verification process detailed in Sustaining Progress. In accordance with section 26.5 (x) of the agreement, the Health Service Performance Verification Group has recently informed me of its conclusions in relation to whether the level of progress achieved since 1 July 2003 in relation to the commitments set out in Sustaining Progress warrants the payment of the relevant pay increase(s). Sanction arrangements arising in respect of payments due from 1 January next will be communicated to your Board very shortly.

15. Parallel Benchmarking

Funding is being allocated to your Board on an ongoing basis in respect of the pay awards from the first two phases of the parallel benchmarking process for craft and non-nursing grades (including pensioners) employed in the health service (and also eligible personnel employed in Section 65 agencies. The funding is also inclusive of general round increases agreed under Sustaining Progress for 2004.

The allocation is based on: the costings recently submitted to the Department by your Board; the increases in basic pay set out in the revised pay scales for the grades; information on gross pay (i.e. overtime/premiums) supplied for the benchmarking costing model; and employment levels in whole time equivalent (WTE) terms recorded in the Health Service Personnel Census. Arising from this process, a number of issues remain to be clarified with some agencies.

A letter of sanction will issue to you very shortly in respect of the first (25%) phase of the awards due for payment with effect from 1 December 2001.

I understand that the implementation protocol setting out the conduct of the performance verification process for these grades in respect of the second
(50%) phase of the awards was recently furnished to your Board by the Health Service Employers Agency.

16. Employment Control 2004

Continued strict adherence is required to the current framework for employment control in your Board as detailed in the Department of Health and Children Circular No. 6/2003 issued in January 2003.

You will be aware that the Minister for Finance indicated in his Budget Statement in December 2002 that a reduction of 5,000 is planned in the numbers employed in the public service over the period to end-2005. In this regard, you have already been notified of the contribution of your Board to the overall reduction in numbers to be achieved in the health service by end-2003. A further reduction of 200 posts in the national employment ceiling is to be achieved by end 2004, in respect of which the contribution of your Board will be on the same basis as the 2003 adjustment. Your service plan should take into account this further reduction in the authorised ceiling.

The reduction in the regional employment level in 2004 is to be achieved by maximising the benefit of natural wastage, through detailed scrutiny of replacement recruitment in the health service and non-filling of any non-essential posts with specific emphasis on posts that are not directly involved in the delivery of front-line services. It is intended that this approach will, as much as possible, minimise any adverse impact on existing levels of service to the public in key areas.

It is essential that the implementation of the arrangements outlined above are undertaken in a manner consistent with agreed protocols for consultation with staff representatives at local level, and in conformity with the provisions set out in Sustaining Progress for the maintenance of a stable industrial relations environment.

The implementation of the reduction in public service employment levels in the health service will be monitored on a quarterly basis. Accordingly, the quarterly employment report submitted to the Department should also identify the specific posts and the location of those posts that have not been filled in order to accommodate the required adjustment in the regional employment ceiling.

In the context of the Determination for 2004, your Service Plan should therefore confirm that employment levels associated with the activity levels set out in the Service Plan for your Board will conform to ceiling requirements.

In 2004, no posts above the authorised ceiling may be filled. In these circumstances, the employment requirements of specific services, consistent with planned activity levels, should be met through the management of your approved employment complement, including the appropriate staffing mix and the precise grades of staff employed in the approved workforce.
To expedite financial clearance, your service plan should clearly indicate and list medical consultant posts (new, replacement and/or restructured) for which you intend to seek financial clearance during 2004, before making application to Comhairle na nOspidéal.

Your Board’s adherence throughout the year to its approved employment ceiling will require to be confirmed on a monthly basis through information furnished in the IMR. The Department through the IMR and also by means of the quarterly employment reports will monitor compliance by your Board with the employment control measures. Hence, it is essential that the quarterly employment report is comprehensive and accurate and submitted to the Department on a timely basis.

Arrangements for formally validating at CEO level the employment information supplied by your Board continue to be those as set out in [section 8] above.

17. **Pay Costs**

Your Board should also, having regard to the totality of pay resources available, make adequate provision for pay costs in 2004, to be met within the existing allocation, having regard to:

- the present numbers employed;
- the appropriate balance between pay and non-pay costs;
- the projected cost of minor claims expected to arise during the year.

18. **National Projects PPARS/FISP**

Significant resources, both capital and revenue, have been made available to allow for the development and full implementation of the National PPARS projects and for the commencement of the FISP project. The Minister recognises the importance of these projects in the effective management of resources across the healthcare system. You are asked to ensure that the projects are given the full commitment required in terms of funding and appropriate staffing to ensure that the implementation timescales are met and that the full benefit of this significant investment is achieved. A significant increase in the Capital IT funding is available for rollout of both of these major projects.


The Service Plan for your Board should include details of the full range of measures which it is intended will be undertaken by your Board in 2004 to implement the specific actions detailed in the Action Plan for People
Management (APPM) and to strengthen the capacity for more effective human resource management in the health service, in line with the objectives set out in the Health Strategy.

20. **Social Inclusion**

You will be aware of the importance accorded in the National Health Strategy to social inclusion, in particular to Action 18 which has deliverables relating to reducing health inequalities in line with the key targets set out by Government in its review of the National Anti-Poverty Strategy (*Building an Inclusive Society: Review of the National Anti-Poverty Strategy under the Programme for Prosperity and Fairness*).

Social inclusion should be a major consideration in framing the Service Plan and the Plan should set out the way in which the various actions in it address this. Actions to develop services in line with RAPID and CLÁR proposals must continue to be prioritized in 2004. The Service Plan should therefore clearly indicate the actions which further the implementation of these programmes as well as the wider social inclusion agenda wherever possible. RAPID and CLÁR projects should be clearly described as such. The boards should include clear statements as to the arrangements being put in place to ensure maximum coordination with other public service agencies involved and details of health agency participation in relevant management structures (for example in relation to City/County Development Boards and related bodies).

21. **Conclusion**

To assist your Board to complete the matters addressed in this letter quickly, senior officers of the Department will be available if there are any matters requiring clarification. These queries should, in the first instance, be referred to Dermot Magan, Helen Minogue and Paula Monks, Finance Unit, (01-8354254, 6354293, 6354513) who will co-ordinate the Department’s response to all health boards/ERHA. You are reminded to submit the cash profile by the date advised.

I wish to acknowledge the significant effort and commitment given by Chief Executive Officers and all other levels of management to the successful delivery of services and budget plans in 2003. I recognise that the management of Service Plans within approved parameters has proved challenging and has demanded consistent effort and commitment over the course of the year. Given the transitional nature of the period we are going through and the equally challenging budgetary position in 2004, I look forward to your continuing support and co-operation in providing leadership and managing the system to an equally successful outcome in the coming year.

Yours sincerely

Michael Kelly
Secretary-General
North Western Health Board

Revised 2003 Determination

The revised non-capital Determination for your Board for 2003 is €470.840 million.

2004 Non-Capital Determination

The non-capital Determination for your Board for 2004 is €495.674 million.

Acute Hospitals

Waiting Lists:
The Minister has decided to give a significant lead role to the National Treatment Purchase Fund in targeting reductions in waiting times for patients. In this regard Waiting List Initiative funding will no longer be allocated to health agencies on a once-off basis each year as previously had been the custom.

Over the period of the WLI the Department has given financial clearance to individual health boards to convert some long-term temporary consultant posts to permanent status which have been funded on a continuing basis through the WLI. The Minister has decided to put this element of WLI funding into base funding for the health agencies concerned beginning in 2004.

In this regard, the sum of €1.750m has been allocated to your board in 2004 in respect of those permanent consultant posts and associated support costs which are in place and will now become part of your base funding for 2004 and subsequent years.

Health agencies have identified staff and services which have been in place to support WLI activity and which have been funded by the WLI. The Department will be critically examining the information supplied by health agencies and a further communication will issue early in 2004 in this regard.

Health agencies should work closely with the National Treatment Purchase Fund in 2004 to ensure that waiting times for elective treatment are reduced.

Cost of Blood and Blood Products

There has been a significant reduction in the cost of clotting factor concentrate products used in the treatment of haemophilia. This, together with a projected decrease in the use of blood and blood products and the application in 2004 of the non-pay inflator to base allocations, should offset the proposed increase by the IBTS in the cost of platelets and red blood cells. Any board with net savings from these price adjustments should prioritise these savings to meet costs that

Civil Registration Modernisation

Additional funding of €0.069m is being made available on an ongoing basis to meet additional costs associated with your Board’s revised Civil Registration staffing structure, as provisionally agreed and subject to the submission of a satisfactory service development plan, acceptable to An tArd-Chláraitheoir.

Winter Initiative

Additional funding of €0.660m is being set aside to meet the cost of recruiting the remaining 2 A&E consultants approved in your area under the Winter Initiative. This funding is based on your Board’s estimate of the likely costs to be incurred in 2004 under this initiative. Drawdown of funding will be approved by the Department on receipt of confirmation from your Board that the additional consultants have been appointed.

Renal Dialysis Services

As part of a structured programme of investment in the development of renal services, additional funding of €0.250m is being made available to your Board in 2004.

Cancer Services

Additional revenue funding of €0.600m is being allocated to your Board from National Cancer Strategy funding to address service pressures in oncology/haematology, including oncology drug treatments.

HIPE & Casemix

Casemix: Casemix analysis of costs and activity relating to the hospitals in your Board’s area, which are participating in the National Casemix Programme, has resulted in an overall once-off positive adjustment of €1.065m as follows:

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>€m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letterkenny</td>
<td>0.999</td>
</tr>
<tr>
<td>Sligo</td>
<td>0.066</td>
</tr>
<tr>
<td><strong>TOTAL Once-off</strong></td>
<td><strong>1.065</strong></td>
</tr>
</tbody>
</table>
The Casemix Unit of the department will be writing directly to you shortly with full details of the adjustment.

Adjustments should be applied to the hospitals from which the adjustment arises and these details should be clearly identified in your Service Plan.

**H.I.P.E./Casemix Staffing:**

No resources for HIPE/Casemix staffing are being allocated to hospitals within your Board this year, as Boards who gain funding within Casemix may reallocate a portion of that funding, as appropriate, for Casemix Staffing. Casemix Unit will be writing to you directly in this matter.

**Health (Amendment) Act, 1996 (Services for Persons with Hepatitis C)**

A sum of €0.105m is being made available to your Board in 2004, on a once-off basis, in respect of the cost of providing primary healthcare services to those persons who hold a health service card under the Health (Amendment) Act, 1996, including provision for increased activity, services and costs.

**Services for Older People**

A sum of up to €0.833m will be available to your Board as follows:

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Home Subvention Scheme</td>
<td>€0.238</td>
</tr>
<tr>
<td>Personal Care Packages</td>
<td>€0.125</td>
</tr>
<tr>
<td>Home Help Service</td>
<td>€0.250</td>
</tr>
<tr>
<td>Elder Abuse Programme</td>
<td>€0.075</td>
</tr>
<tr>
<td>Palliative Care Services</td>
<td>€0.145</td>
</tr>
</tbody>
</table>

**Mental Health Services**

Funding in the amount of €0.050m is being allocated on a once-off basis to your Board in 2004, to:

S.T.E.E.R Ireland,
Community House,
2 Errigal Road,
Woodlawn,
Leterkenny,
Co Donegal.
Services to Persons with an Intellectual Disability and Those with Autism

The work of your Board to date in the detailed examination of the financial and governance arrangements of the major voluntary service providers in the physical/sensory disability sector is greatly appreciated. The review of outstanding issues relating to deficit funding claims by these organisations will be concluded in 2004. In the interest of greater equity and accountability, it is expected that your Board will exercise similar diligence in relation to the funding of voluntary organisations in the intellectual disability sector. Where significant funding is being made available to a voluntary organisation providing intellectual, physical or sensory disability services, this should be subject to the signing of an appropriate service agreement.

National Intellectual Disability Database

The National Intellectual Disability Database has a vital role in the planning and monitoring of service provision. The timetable for the provision of updated information in 2004 has been notified to each Health Board/Authority and it is vital, as stated in 2003, that this timetable is complied with in order to enable the Health Research Board to complete the necessary validation work and have data available for the Department in the autumn of 2004.

In addition to the need to adhere to the timetable as outlined above, health boards are requested to emphasise to the services responsible for the provision of information for the database at local level the necessity to ensure that the information provided is accurate and reflects current service provision and where appropriate, future needs for each individual.

Total additional funding of €0.787m is being made available in 2004 for services to persons with intellectual disability and those with autism as follows:

€0.677m to meet the full year cost of the provision of residential services for emergency cases which arose during 2003 and day places;

€0.110m to meet the full year cost of residential and day services as per this Department’s letter of 9th September 2003.

Budget Day Package

Additional funding as set out below is being provided to your Board in 2004 in respect of the provision of services to people with intellectual disability and those with autism.

Additional revenue funding amounting to €0.883m is being provided as follows;

€0.550m to meet costs associated with the provision of emergency placements in 2004;
€0.333m to provide additional day services, with particular reference to the provision of day places, including rehabilitative training places, for those young adults who will be leaving school in June 2004.

A detailed account of the expenditure of this funding, including the National Intellectual Disability Database Personal Identification Number of each person placed in these services and the costs associated with each placement, must be submitted to this Department.

The Department will be in contact with your Board in relation to the full year cost implications of these services.

Services for People with Physical / Sensory Disabilities

A sum of €0.603m is being made available to your Board in 2004 towards core funding of these services as follows:

<table>
<thead>
<tr>
<th>Agency/Service</th>
<th>€m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority service pressures as identified at local level (to include respite, home supports, services for people with significant disabilities, support services for children with disabilities, aids &amp; appliances etc)</td>
<td>0.170</td>
</tr>
<tr>
<td>Alleviation of the under resourcing of the voluntary organisations</td>
<td>0.156</td>
</tr>
<tr>
<td>Continued roll-out of the NPSDD (including the introduction of a management structure for the NPSDD and the NIDD) – once-off funding.</td>
<td>0.257</td>
</tr>
<tr>
<td>Cheshire Ireland Sick Pay Scheme</td>
<td>0.020</td>
</tr>
<tr>
<td>Total</td>
<td>0.603</td>
</tr>
</tbody>
</table>

Child Care Services

Additional funding of €0.478m is being provided for the Child Care Services. The details are outlined in the table below.

<table>
<thead>
<tr>
<th></th>
<th>€m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care Allowance</td>
<td>0.250</td>
</tr>
<tr>
<td>Child Care Services - Legal Costs</td>
<td>0.228</td>
</tr>
<tr>
<td>Total</td>
<td>0.478</td>
</tr>
</tbody>
</table>
Dental Treatment Services Scheme

An additional €0.348m revenue funding is provided as a consequence of fee increases of 5.2% and 4.8% from the 1st of January 2003 and the 1st of January 2004 respectively. Your Board's core DTSS budget has also been increased by a non-pay inflator of 2.8%.

Community Health Services

Community Optometric Services (Adult)
€0.081m is being provided on a once-off basis in 2004 in respect of the Adult Community Optometric Schemes. This sum is provided to assist your Board in providing services under the Schemes.

A further €0.195m is being provided on a once-off basis in respect of the increased costs/demands on the Adult Community Optometric Schemes arising from the dual eligibility agreement with the Department of Social and Family Affairs.

€0.110m is being provided on an ongoing basis in 2004 to meet the full - year costs of the Pilot Mobile Diabetic Retinopathy Screening Service. Progress reports should continue to be submitted to Community Health Division at three-monthly intervals. Community Health Division will write to the Board separately regarding arrangements for evaluating this pilot scheme.

Food Control

A sum of €0.020m has been included in your Board's Determination in respect of the Food Control Service on a once-off basis.

Primary Care Strategy

An additional sum of €0.110m is being provided on an ongoing basis in respect of implementation of the Primary Care Strategy.

This may, if necessary, be used in the first instance to meet revenue costs associated with the primary care team which is being established in Lifford, Co. Donegal.

In line with previous correspondence on this issue, the additional funding may also be used to support initiatives to give effect to multidisciplinary teamworking on a more widespread basis. This may include: reorganisation of resources within primary care and community services, mapping locations for primary care teams and networks, and facilitating the development of collaboration/coordination initiatives between providers of primary care services and also with providers and users within the wider health system.
A sum of €0.015m is being provided on a one-off basis in respect of administrative support for the sub-group of the Primary Care Steering Group chaired by Mr Tom Kelly, Assistant CEO. The continuation of this allocation in future years will be reviewed in the light of the support requirements of the group involved.

**Public Health Doctors**

A sum of €0.244m is included in your Board’s 2004 determination to cover the full year cost of the pay increases awarded as part of the Public Health Doctors’ 2003 Agreement. A further letter will issue in 2004 regarding implementation of the remaining aspects of the Agreement including upgrading posts and filling the new Principal Medical Officer posts.

**Nursing Issues**

A sum of €1.126m (of which €0.626m is one-off) is included in your Board’s 2004 allocation as follows:

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount (€m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses Pay – Accident and Emergency Circ 25/02 and 34/02 (ongoing)</td>
<td>0.500</td>
</tr>
<tr>
<td>Transition of Pre-Registration Nursing Education to a Degree Programme Project Manager Posts (one-off)</td>
<td>0.060</td>
</tr>
<tr>
<td>Sponsorship Scheme for Public Health Service Employees wishing to train as Nurses (one-off)</td>
<td>0.135</td>
</tr>
<tr>
<td>Maintenance Grants for Pre-registration Nursing Diploma Students (one-off)</td>
<td>0.031</td>
</tr>
<tr>
<td>Fees Initiative for Part-Time Nursing Degrees (one-off)</td>
<td>0.200</td>
</tr>
<tr>
<td>Fee Support for Specialist Nursing Courses (Circs 150/2000 and 47/2001) (one-off)</td>
<td>0.200</td>
</tr>
<tr>
<td>Total</td>
<td>1.126</td>
</tr>
</tbody>
</table>

**Revenue Cost of IT**

The Department has adopted a policy of enterprise wide ICT systems with a view to achieving best value for money from all ICT related expenditure. All health agencies are expected to comply with this policy. A further communication will issue in relation to this policy and its implementation early in 2004.
Health Promotion

A sum of €0.040m is included in your 2004 determination on a once-off basis towards the Community Development Project to be undertaken by the Health Promotion Department of your Health Board.

Cardiovascular Health Strategy

An allocation of funding under the Cardiovascular Health Strategy will be made during 2004 in relation to the National Heartwatch Programme in General Practice having regard to board's requirements and the evaluation of this programme during 2004.
APPENDIX II

SUMMARY OF CARE GROUPS AND SERVICE PLANS AS PER KEY RESULT AREAS

PRIMARY CARE (SECTION 4)

- Inter-agency working on the broader determinants of health
- Health promotion Initiatives
- Cardio-vascular projects
- Primary care strategy system wide roll out
- Primary care implementation project
- Primary care facilities development
- ICT developments
- Out of hours services expansion
- GP vocational training schemes expansion

AMBULANCE SERVICE PRE HOSPITAL SERVICE (SECTION 5)

- Installation of CAD System
- Recruitment of Additional EMTs
- Upskilling of Staff
- Management of Budget
- Completion / implementation of Ambulance Service Review

MENTAL HEALTH (SECTION 6)

- Phased Implementation of Mental Health Service Review Recommendations
- Continue engagement with Mental Health Commission
- Develop Worklink in Sligo
- Continued Decanting from St Conals Hospital campus
- Establish post of Consultant Psychiatrist with a SI in Rehabilitation
- Review of involuntary Admissions in conjunction with Mental Health Commission

OLDER PEOPLE (SECTION 7)

- Further roll out of CHOICE Programme
- Provision of comprehensive home support, personalised packages of care and nursing home subvention services within funded levels
- Partnership with Voluntary Organisations (especially significant projects in Gweedore, Arranmore, Clonmany, Ballinamore and Carrick on Shannon)
- Rehabilitation Services development at St John's Hospital
- Commence construction of Dementia Unit, Carndonagh
- Single Assessment Process
- Dementia Strategy / Action Plan development
- Maintain focus on quality initiatives

CHILDREN'S (SECTION 7)

- Implement the pilot projects for school health and the development of a practice standard for the 6-8 week developmental check of infants by GPs
- Promote the health of children in the areas of accident prevention, healthy eating and physical exercise
• Develop child health and child care training
• Maintain and improve uptake of childhood immunisation
• Implement new child health immunisation system
• Produce and implement the recommendations of the Sexual Health Strategy for Young People
• Reduce waiting times and waiting lists for Therapy Services
• Appoint third Consultant Child and Adolescent Psychiatric Team
• Increase availability of family support services
• Reduce child protection waiting lists
• Appoint new Child Protection Team in Donegal
• Commence implementation of the Child Care Information Project
• Progress the reconfiguration of residential services
• Commence implementation of Board’s Leaving and Aftercare Strategy
• Introduce new foster care standards
• Further implement the Board’s Youth Homelessness Strategy
• Further develop the work of the North West Children and Young People’s Committee
• Further develop strategies for the involvement of children an young people in service planning

COMMUNITY THERAPY (SECTION 9.1)
• Deliver Therapy Services based on 2003 levels of funding
• To develop systems to reduce waiting times for Therapy Services to > 3 months for assessment for children and > 6 months for adults
• Improve referral, assessment and discharge processes
• Provide greater flexibility of appointment times
• Recruitment and retention of therapy staff
• Provision of student clinical placements
• Provision of a centralised Aids and Appliance Service
• Improve service activity monitoring and reporting mechanisms

PERSONS WITH PHYSICAL AND SENSORY DISABILITY (SECTION 9.2)
• Increase Home and Personal Support Services
• Further develop services for People with Acquired Brain Injury
• Progress the development of independent living skills apartments in Sligo
• Continue work on the National Physical and Sensory Disability Database
• Undertake an evaluation of Early Intervention Services
• Further develop training and advocacy services
• Produce information booklet on services for adults with a Physical and Sensory Disability
• Improve access to NWHB Buildings

PERSONS WITH LEARNING DISABILITY (SECTION 9.3)
• Increase Home and Personal Support Services
• Provide emergency placements to meet the needs of service users
• Provide 37 new day places for school leavers and extend existing Day Services
• Further develop Community and Autism Services
• Continue to re-configure Cloonamahon Services
• Progress the housing development in Stranolar in partnership with Donegal Parents and Friend’s Housing Association
• Improve health screening for People with a Learning Disability
• Open additional Community Group Homes
• Produce a NWHB Learning Disability Strategy
• Plan appropriate services for People with Downs Syndrome who may be susceptible to developing Dementia
• Implement Learning Disability Computerised Care Management System
TRAINING AND OCCUPATIONAL SUPPORT SERVICES (SECTION 9.4)

- Continuation of existing training programmes
- Deliver a standards and monitoring service
- Introduce new database for rehabilitative training and sheltered work programmes
- Continued implementation of ATEST
- Reduce waiting list for Occupational Guidance Service
- Pilot peer mentoring programme
- Implementation of the Board's new Code of Practice on the Employment of People with Disabilities

TRAVELLER HEALTH (SECTION 10.1)

- Culturally appropriate information to Travellers about health services
- Training on Traveller culture awareness
- Support Implementation of the NWHB Anti-Racist Code of Practice
- Primary Health Care for Travellers Project
- Secure adequate funding to maintain existing level of service for the Traveller community, and to implement priority actions in accordance with Traveller Health A National Strategy

ASYLUM SEEKERS (SECTION 10.2)

- Renewed initiatives to secure improvements in screening uptake levels
- Information provision and dissemination
- Staff training programmes on asylum seeker culture awareness
- Establishment of Regional Asylum Seeker / Refugee Health Forum

HOMELESSNESS (SECTION 10.3)

- Completion of Donegal Homeless Forum Action Plan
- Implementation of existing Homeless Forum Action Plans in partnership with the Local Authorities
- Establishment of Cross-Programme Group to progress the recommendations of the Homelessness Preventative Strategy
- Provision of existing levels of service in accordance with service level agreements

WOMEN EXPERIENCING DOMESTIC VIOLENCE (SECTION 10.4)

- Strengthen partnership working with and through the Regional Planning Committee on Violence Against Women and Non Governmental Organisations (NGO’s)
- Training and Information awareness
- Women’s Refuge and Outreach service in the Sligo / Leitrim area
- Provision of existing levels of service

DENTAL SERVICES (SECTION 11.1)

- Provision of DTSS Services in accordance with 2003 funded levels
- Joint Primary / Secondary Care Orthodontic assessment, treatment and planning clinics
- Implementation of Oral Health Promotion Programme
- Implementation and roll out of Dental Information System
- Continued implementation of 5 Year Dental Capital Programme
- Working with Local Authorities to improve water fluoridation compliance
AUDIOLGY SERVICES (SECTION 11.2)

- Continue consolidation / integration of service including human resource and facilities development
- Achieve waiting list target of no adult waiting > 6 months and no child waiting > 3 months for services

FOOD SAFETY – ENVIRONMENTAL HEALTH (SECTION 11.3)

- Achievement of Tobacco Control food premises and pre-school inspection targets
- Implementation of Tobacco Smoking (Prohibition) Regulations 2003
- Completion of Review of the Board's Food Safety Enforcement Activities
- Roll out of the Environmental Health ICT System in Sligo / Leitrim Community Services area
- Maintenance of the Food Control Quality Management System to accredited ISO 9001 2000 standards
- Maintenance of record of no major food 'outbreaks'

OPHTHALMIC SERVICES (SECTION 11.4)

- Provision of Community Ophthalmic Services in accordance with funded levels
- Achievement of national waiting list targets of no adult waiting greater than 6 months and no child waiting greater than 3 months for treatment
- Commencement of Mobile Diabetic Retinopathy Screening service

ISLAND HEALTH (SECTION 11.5)

- Maintenance of existing services including services provided on a visiting basis
- Personalised Care Packages and Home Support Scheme for Carers
- Telehealthcare research and facilities development on both Islands
- Commencement of construction of residential facility on Arranmore Island

ACUTE SERVICES (SECTION 12.1)

- Activity targets in line with 2003 levels
- Consolidation of new service developments – Oncology, Haematology, Cardiology
- Consultant appointment programme
- Maintain progress in meeting Waiting List Targets by working closely with NTPF
- PACS / MRI Service
- Capital Programme = both hospitals
  - Beds
  - Paeds
  - Renal
  - A & E
- Maximise opportunities for further positive Case Mix funding adjustments
- Quality Improvement Initiatives a priority
PALLIATIVE CARE (SECTION 12.2)

- Further commissioning Donegal Hospice – contingent on securing additional /alternative funding
- Completion of Palliative Care Needs Assessment
- Advance the appointment of a 2nd Consultant in Palliative Care Medicine
- Continuation of partnership with voluntary/Hospice sector