



**DAUGHTERS OF CHARITY SERVICE**  
**FOR PERSONS WITH INTELLECTUAL DISABILITY**

Service



Respect



Excellence



Collaboration



Justice and

Creativity

# Strategic Plan

## 2005-2009

## Foreword

The Daughters of Charity Service for Persons with Intellectual Disability is pleased to present the Strategic Plan 2005 – 2009. This plan reflects the Service's understanding of our current working environment and acknowledges the significant number of issues that require attention; the impact of underfunding in the past and the large number of legacy issues that impact on current standards of both facilities and quality of care.

The plan also acknowledges the expectations of service users and their families and the hope that in a country that is now among the richest in the world that our vulnerable population group will be given the kind of attention and a share in the wealth and resources of this country that they deserve.

This Service has always planned for new developments and service upgrades from both the care and facilities perspective but the dangers of such planning in the absence of resource commitments is that expectations are heightened and failure to deliver only serves to lower the morale of a very committed and dedicated workforce.

There is now an expectation that in the light of pending Disability Legislation, related Sectoral Plans by up to six Government Departments and the standards being set by the Department of Health and Children in conjunction with the National Disability Authority that resources will follow.

Publication of this Strategic Plan also coincides with a number of focussed Working Groups and Review Groups that have been ongoing throughout the Service on such matters as Community Residential Services, Dementia Care, Mental Health, Challenging Behaviour etc and all of these have contributed to the process.

The development of this Strategic Plan is timely due to the significant changes taking place under the Health Reform Programme; a greater awareness of the needs of the intellectual disability sector and a greater ability to deliver in all aspects of those needs assuming resource provision is adequate to the task.

This Service now has a comprehensive Strategic Plan that will drive and direct developments and resource requirements, establish the priorities within an overall framework and which will require both monitoring and evaluation in its implementation as we move forward.

This process coincides with a review of our Service Policy Document, which has reshaped the language, reaffirmed our commitment and put a management structure in place that for the foreseeable future can, with proper resource provision, deliver on a comprehensive development strategy.

The first challenge has now been overcome, namely putting this plan together and I want to acknowledge the enormous amount of hard work and commitment of the Committee that was established back in October 2004. The involvement of representatives of both the Community of the Daughters of Charity and the Board of Management of the Service on the Committee was beneficial and is very much appreciated.



Walter Freyne,  
Chief Executive.

## GENERAL

**Health Strategy.** This Strategic Plan for the Daughters of Charity Service for Persons with Intellectual Disability leans heavily on the mission and core values of the Service, which are detailed in Chapter 3. The strategy also incorporates many of the principles of the Department of Health and Children's strategy – "Quality and Fairness – A Health System for you – 2001". The particular principles that underpin "Quality and Fairness" are: **Equity, People-Centredness, Quality, and Accountability**. "Quality and Fairness" in a specific reference to Disability Services suggests that the Department of Health and Children is committed to: **Fair Access, Responsive and Appropriate Care Delivery and High Performance**.

**Health Service Executive.** During the development of the Strategic Plan the Department of Health and Children started a major "Health Service Reform Programme". Part of this programme includes the dissolution of the Health Boards and their replacement with regional offices of the Health Service Executive (HSE). This change became effective on 1<sup>st</sup> January 2005 but is not fully operational as we finalise this Strategic Plan. Throughout the document therefore the term Health Board and Health Service Executive will be used interchangeably when discussing the past or the future connections with the health services.

**Plan for the Service.** This is a Strategic Plan for the whole Service. It is intended that the plan will assist the Service to address critical issues. Individual, or centre specific issues, are not being addressed directly but it is anticipated that the implementation of the plan will ultimately have a significant effect at all levels throughout the organisation.

**Positive Approach.** Language used in this document will be positive and proactive. It is the intention of the Board of Management and the Service Executive that all aspects of this Strategic Plan will be implemented as soon as possible. All acknowledge however that the success of the plan will depend not only on additional resources being made available but also on the willingness of all stakeholders to be creative and open to change.

**Building on our Strengths.** On numerous occasions throughout the strategic planning process, and particularly during the consultation phase with parents and families, the Strategic Planning Committee were made aware of the very good work already being done in various areas of the Service. The quality of care provided very much depends on the approach of the individual carers and the Service recognises the good work in place at present and intends that this Strategic Plan will help to improve the quality of care currently in place.

## Table of Contents

	Page No
Foreword .....	1
General .....	2
<b>Part 1 – Setting the Scene</b>	
<b>Chapter 1</b> – The Daughters of Charity Service Background.....	4
<b>Chapter 2</b> – The Strategic Planning Process .....	12
<b>Chapter 3</b> – The Vision for the Future .....	15
<b>Part 2 – The Key Result Areas</b>	
<b>Chapter 4</b> – <b>Key Result Area 1</b> - We will provide a quality service based on person-centredness, equity, partnership, advocacy, accountability and transparency. ....	16
<b>Chapter 5</b> – <b>Key Result Area 2</b> - We will ensure maximum staff efficiencies whilst recruiting and retaining committed motivated and well-trained staff.....	21
<b>Chapter 6</b> – <b>Key Result Area 3</b> – We will continue to make efficient and effective use of our financial resources.....	28
<b>Chapter 7</b> – <b>Key Result Area 4</b> – We will continue to develop and promote an effective management system. ....	31
<b>Chapter 8</b> – <b>Key Result Area 5</b> - We will continue to improve our systems of communication.....	34
<b>Chapter 9</b> – <b>Key Result Area 6</b> – We will have appropriate physical infrastructure and facilities for both service users and staff. ....	38
<b>Part 3 – Implementation Phase</b>	
<b>Chapter 10</b> – Action Plans.....	41
<b>Chapter 11</b> – Implications of Implementing the Plan. ....	52
<b>Bibliography</b> .....	54
<b>Glossary of Terms</b> .....	55
<b>Appendices</b>	
Appendix A – Organigram .....	58
Appendix B – Some Funding and Staff Issues .....	59
Appendix C – Establishment of the Strategic Planning Committee .....	61
Appendix D – The Key Principles that Underpin Person-centred Planning in the Daughters of Charity Service .....	63

# PART 1 – SETTING THE SCENE

## CHAPTER 1

### THE DAUGHTERS OF CHARITY SERVICE BACKGROUND

- 1 History of the Daughters of Charity.** The Community of the Daughters of Charity of St Vincent de Paul was founded in Paris in 1633 by St.Vincent De Paul and St. Louise de Marillac and is a worldwide organisation. The Sisters came to Ireland in 1855 and have been involved in providing services for persons with intellectual disability since 1892 when they were given charge of a workhouse in Cabra, now known as St. Vincent’s Centre, Navan Road. This is now the biggest service of the Daughters of Charity in Ireland.

The Community of the Daughters of Charity also provide a wide range of other services and are involved in a variety of care areas including Child and Family Service, Service for Homeless, Service for the young and for the old, schools and health care. By far the biggest part of the Community’s services however are still involved in the area of intellectual disabilities and this is known as the Daughters of Charity Service for Persons with Intellectual Disability. Operating originally from Dublin and providing a nationwide service the Community identified a need for a similar service in Limerick and opened its centre in Lisnagry in 1952.

For further information see [www.daughtersofcharity.ie](http://www.daughtersofcharity.ie).

- 1.1 Values and Mission.** The Service is guided by the spirit and ethos of the Daughters of Charity of St. Vincent de Paul. The core values and mission statement of the Service is explored in Chapter 2.
- 1.2 Key Stakeholders.** The key stakeholders of the Daughters of Charity Service include the service users and families, the staff, the Board of Management, the Community of the Daughters of Charity, the Health Service Executive and the Department of Health and Children.
- 1.3 Structure and Catchment Areas.** The Daughters of Charity Service provides services for persons with an intellectual disability in both the Dublin and Limerick regions. Each region is funded separately by the local Health Service Executive and operates autonomously in the daily delivery of services. A Management Team assists the Chief Executive in the general management of the Service and the co-ordination of activities in relation to the Health Service Executive.

**Dublin** - Within the Dublin region the Service is specifically responsible for the provision of services in an area to the Western part of the Health Service Executive’s Community Care Area 6. The population of this area has increased steadily from 134,442 in 1996 to 155,099 in 2002, an increase of 15.4%.

**Limerick** – The concept of catchment areas is less clearly defined in Limerick. However, regionally we know that the population has increased by 6% between 1996 and 2002. In 2001, the Service negotiated and proposed that it would be responsible for provision of all services in

an area of the city south of the Shannon and in the east of the county. This was agreed upon at the time, particularly for the adult population. In recent years a regional approach to Early Intervention Services has developed. This removes this category of service user from our direct responsibility.

- 1.4 **Organigram.** See Appendix A for a graphical representation of the Service's new senior management structure.
- 1.5 **Details of centres and summary of range of services provided.** Over the years the Daughters of Charity Service has developed a number of different centre and community-based services. A full range of services is available to cater for the various disability levels and age ranges of our service users.

**Centres are located at:**

St. Vincent's, Navan Road  
St. Joseph's, Clonsilla  
Holy Angels, Chapelizod  
Community Residential Services, Dublin  
Training, Enterprise and Employment, Dublin  
St. Teresa's, Blackrock  
St. Rosalie's, Portmarnock  
St. Vincent's, Limerick  
Community Residential Services, Limerick  
Training, Enterprise and Employment, Limerick

A comprehensive range of services is provided, primarily for service users in the moderate, severe and profound range of disability, in the designated geographical catchment areas in Dublin and Limerick. Services are provided for children and adults, male and female, and include Day, Residential and Respite services, each delivered in Centre and/or Community Based settings. Services provided include:

- (a) Early Services Multi-disciplinary Team
- (b) Early Intervention Unit
- (c) Community Nurse Service
- (d) Pre-School
- (e) Daughters of Charity Schools (Dublin and Limerick) see Para 1.6
- (f) Developmental Education Centre (DEC)
- (g) Rehabilitative Training and Development Programmes
- (h) Day Activation Centres
- (i) Residential Accommodation Centre Based or Community Residential Services (CRS)
- (j) Respite Services
- (k) Training, Enterprise and Employment
- (l) Home Support
- (m) Chaplaincy Service

Further details on above services can be viewed on our web site [www.docservice.ie](http://www.docservice.ie)

- 1.6 **Schools within Daughters of Charity Service.** The Daughters of Charity have always been to the forefront in providing education for persons with an intellectual disability. During the 1940's the Sisters, together with others, campaigned to have the right to an education for people with an

intellectual disability recognised as a basic right and campaigned to have adequate teacher/pupil ratios assigned to Special Schools. Currently, the Community of the Daughters of Charity are the Trustees of 3 Schools (2 in Dublin, St. Vincent's and St. Michael's, and 1 in Limerick, St. Vincent's) for children with intellectual disabilities.

The Service acknowledges that there is certain confusion/anomalies regarding the role and responsibilities of the Service in relation to the Schools under the auspices of the Daughters of Charity. There has never been clarity on responsibility in this regard and different health boards have had different interpretations of the Education Act and policy/protocols have been sadly lacking.

Areas where the Service has encountered greatest conflict/confusion relates to schools such as St. Michael's which caters for children in the mild range (general learning difficulties) and Needs and Abilities 1991 specifically states in that these children should get their health-related support services not from the intellectual disability sector but the generic health services. There is also conflict of responsibility in regard to children in integrated mainstream settings.

Another difficulty is that access to education provides for an element of choice whereas health services are provided on the basis of catchment areas. Therefore not all children in the schools that are under the trusteeship of the Daughters of Charity are from within the health service catchment areas assigned to the Daughters of Charity Service for Persons with Intellectual Disability.

The Service welcomes the fact that the Education for Persons with Special Needs Act 2004, does help to clarify many of the issues involved in relation to responsibility for the provision of health related support services to children with special education needs irrespective of whether they are attending special schools or in integrated settings in mainstream schools. It clearly states that this will fall to the health boards (now Health Service Executive). However, at this time the commencement date for the Act to come into effect has not been set and the Council for Special Education and the Health Service Executive have yet to determine the mechanism by which the Health Service Executive will deliver these resources to children with special education needs. The Strategic Planning Committee addresses this issue in Key Result Area 1 – Objective 9.

- 1.7 **Funding Arrangements.** The Daughters of Charity Service is recognised by the Department of Health and Children as a voluntary service provider and traditionally has had a direct funding arrangement with the Department. Under the Enhancing the Partnership Agreement of 1997 and subsequent agreements with the Health Boards, the Service enters into annual agreements with the Health Service Executive to provide a specific level of service with a specific level of staff for a specific amount of funding. This funding, often called core funding or base budget, is renewed annually and is only increased if additional funds are made available for “New and Developing Services”.

The Service has consistently explained to the Health Service Executive that the level of funding available is inadequate to provide a comprehensive and quality service in line with the needs of our service users and families or in line with National Disability Authority standards.

There are many reasons why the level of funding is inadequate and some of these are listed at Appendix B. However, suffice to say at this stage that our funding arrangements have not kept pace with inflation. Neither do they recognise the increased costs associated with an ageing population

of clients, acknowledge the increased expectations of families or indeed the higher standards required to meet changing legislation.

In late 2004, the Service engaged the services of a consultancy firm (Deloitte and Touche) to examine value for money based on quantum of service versus staffing and finances available. This report is not yet complete but from indications received it is clear the Service delivers a greater number of units of service than the main comparator service providers in Dublin with less staff and less funding allocations. This report will be used, in the coming months, to support our case to the Health Service Executive for increased resources and greater equity of resources.

- 1.8 **Service Users.** The Department of Health and Children's report, "Needs and Abilities (1991)" clearly highlights that persons with a "Mild" or "General Learning" disability should receive their supports from generic services. Unfortunately, some people with a mild disability have attending issues which makes it difficult to access generic services and this group are often directed towards the main intellectual disability service providers like the Daughters of Charity Service. The Service fully supports the policy as outlined in "Needs and Abilities" and actively encourages potential clients in this category to seek support from the local Health Services Executive.

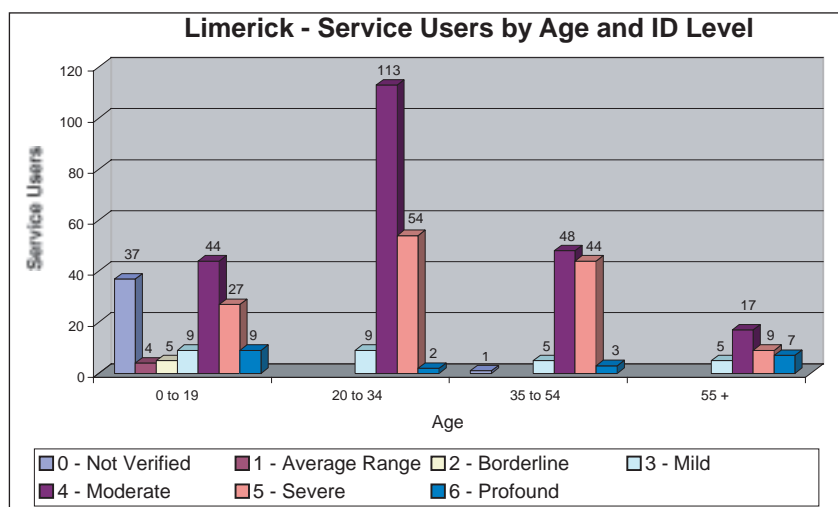
The Service's Admissions, Discharges and Transfers (ADT) policies clearly states that services are for service users with a moderate, severe or profound category of disability. In Dublin, however, the policy recognises the additional difficulty involved because of our historical connections and involvement with St. Michael's School and Glen College. This Dublin ADT Policy allows for exceptions where a potential service user's needs can clearly be met within our range of services and when no generic service is available. This issue and how it affects the Dublin Service needs to be examined in greater detail and the Strategic Planning Committee recommends the establishment of a special working group to address this issue. It will be included within the action plans as part of Objective 8, which caters for issues in relation to integration.

Traditionally needs have been thought of on the basis of severity of disability: Mild; Moderate; Severe; and Profound and this is reflected in the collation of information within the Intellectual Disability Database and when facts and statistics are required by the Health Service Authority. These disability categories however do not reflect the complexities of each service user and our Clinical Directors have consistently indicated that the greatest issue in relation to determining needs of a service user is the level of secondary disability. Many of our service users have five and six disabilities or related health or additional needs. Examples of these issues include – epilepsy, severe intractable epilepsy, motor disabilities, visual impairment, hearing impairment, challenging behaviour, autism, dementia, and mental health issues. Other issues that affect our service users and that contribute to the complexity of their needs include arthritis, respiratory troubles, general medical conditions including end-stage diseases and the need for terminal care.

There is some disparity between the age range and number of service users in the Service's Dublin and Limerick regions. This disparity is mainly because the Dublin Service has been in existence for longer than the Limerick Service and because the Dublin Service was a "national service" until the late 1980's, catering for clients from all parts of Ireland. There are still many clients who are from outside the designated catchment area of the Dublin Service being cared for in Dublin. In general terms, the size of the Service can be stated as one-third in Limerick and two-thirds in Dublin and the following statistics from the 2003 annual report will be of assistance to the reader.

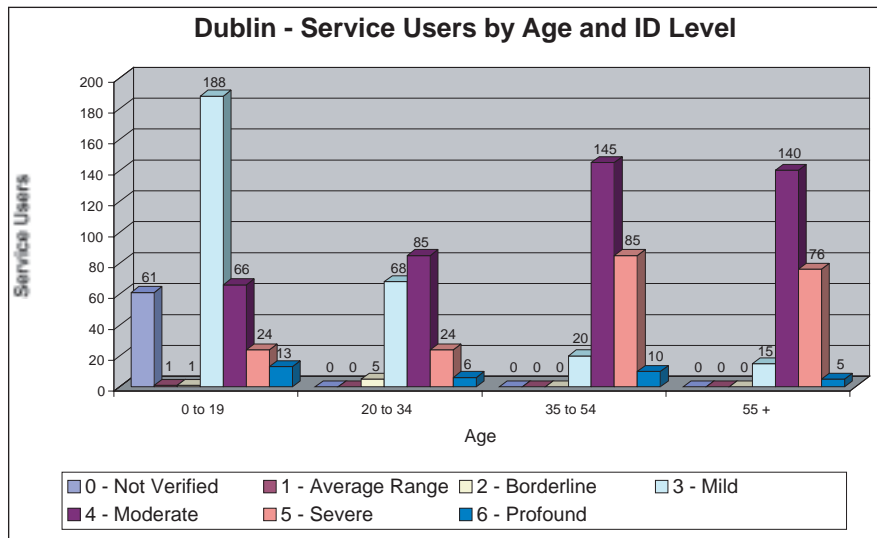
### All Service Users in Limerick Service

Age Ranges by Level of ID - 1st January 2004					
Degree of ID	0 to 19	20 to 34	35 to 54	55 +	Total
0 - Not Verified	37		1		38
1 - Average Range	4				4
2 - Borderline	5				5
3 - Mild	9	9	5	5	28
4 - Moderate	44	113	48	17	222
5 - Severe	27	54	44	9	134
6 - Profound	9	2	3	7	21
<b>Total by Age Range</b>	<b>135</b>	<b>178</b>	<b>101</b>	<b>38</b>	<b>452</b>



### All Service Users in Dublin Service

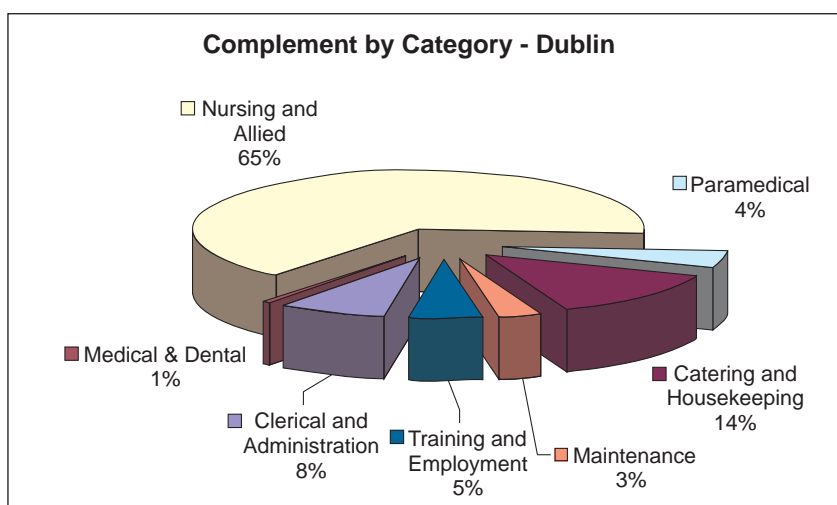
Age Ranges by Level of ID - 1st January 2004					
Degree of ID	0 to 19	20 to 34	35 to 54	55 +	Total
0 - Not Verified	61	0	0	0	61
1 - Average Range	1	0	0	0	1
2 - Borderline	1	5	0	0	6
3 - Mild	188	68	20	15	291
4 - Moderate	66	85	145	140	436
5 - Severe	24	24	85	76	209
6 - Profound	13	6	10	5	34
<b>Total by Age Range</b>	<b>354</b>	<b>188</b>	<b>260</b>	<b>236</b>	<b>1038</b>



1.9 **Staff Numbers.** The provision of services to persons with an intellectual disability is very labour intensive and a very large proportion of our funding is allocated to staff salaries. The Service is fortunate to have a very dedicated and professional staff that often works in very difficult and intensive scenarios.

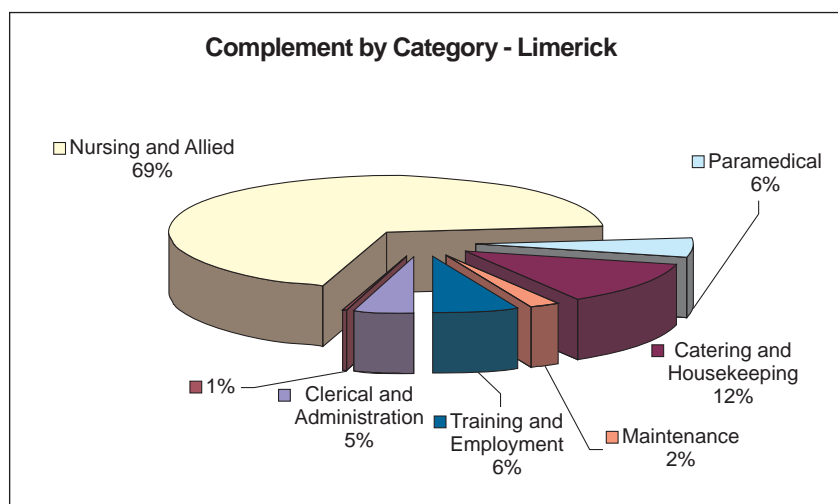
#### ANALYSIS OF DUBLIN SERVICE STAFFING AT 31/12/2003

Category of Staff	Complement	Actually Employed
Clerical and Administration	68.83	67.19
Medical & Dental	5.22	5.01
Nursing and Allied	572.22	545.17
Paramedical	39.01	24.93
Catering and Housekeeping	118.70	112.08
Maintenance	26.90	26.35
Training and Employment	45.48	46.98
<b>Total</b>	<b>876.36</b>	<b>827.71</b>



**ANALYSIS OF LIMERICK SERVICE STAFFING AT 31/12/2003**

Category of Staff	Complement	Actual Employed
Clerical and Administration	19.70	20.83
Medical & Dental	1.00	1.50
Nursing and Allied	297.53	288.09
Paramedical	24.50	17.86
Catering and Housekeeping	54.07	52.55
Maintenance	10.62	12.00
Training and Employment	27.19	22.44
<b>Total</b>	<b>434.61</b>	<b>415.27</b>



In the course of 2003/2004 despite the number of our service users increasing the Service has had staff ceilings imposed upon us by the Health Service Executive, which effectively reduced our staff by 52 posts in Dublin and 37 posts in Limerick.

In the course of developing the Strategic Plan, the Committee commissioned an actuarial study of our client groupings to assist in identifying trends within the residential service user population. This study compared the mortality rate of our population versus the number of potential new residential service users and allows the Service to predict and plan residential places over the next 20-year period. In summary, the report indicates that in Limerick there will be a gradual increase in residential service users from its current number of 231 to 307 by 2025. In Dublin it is projected that there will be stabilising of the residential population at its current number of 515 and no significant increase by 2025.

- 1.10 **Requirement for a strategy.** The Board of Management and the Executive decided on the need for a Strategic Plan to enhance the organisation’s ability to think and act strategically. The Strategic Plan will provide a clear focus and alignment of resources within the Service to assist in achieving our mission. It is anticipated that all stakeholders will welcome the development of this Strategic Plan as we set out on a shared vision of where we want to be in the future and work in partnership in achieving our goals.

When making this decision in October 2004 the Service considered it to be the appropriate time for the initiation of this Strategic Plan for a number of reasons. There have been considerable changes in both the external and internal environments of the Service in the last number of years.

From an external perspective there has been increased expectations and demands from parents and families for a more responsive service. In addition the Service anticipated changes associated with pending legislation particularly the Disability Bill 2004, Education for Persons with Special Education Needs Act 2004, Sustaining Progress, proposed National Standards in Disability Services and Health and Safety legislation.

Changes internally included such matters as the changing needs of service users due to their age profile, increased incidents of challenging behaviour and autism, and difficulties associated with shortages of multi-disciplinary, nursing and care staff.

Besides the above reasons for developing the Strategic Plan, the Department of Health and Children was in the process of implementing its own strategy “Quality and Fairness – A Health System for you – 2001”. It was considered appropriate that the Service would have a strategy, which would complement “Quality and Fairness”, and in particular which would be positioned to take advantage of the major structural reforms as outlined in the “Health Service Reform Programme”. These reforms include re-alignment and restructuring of areas of responsibility and also restructuring our historical funding arrangement.

- 1.11 **Duration of the Strategy.** Because this is the Service’s first experience with an all-inclusive strategy it is considered that the duration of the strategy should be five years. The strategy will be constantly under review and adjustable during the lifetime of the plan. Setting a relatively short time frame for the duration of the Plan will ensure that all are familiar with the Plan when it is reviewed at the end of five years.
- 1.12 **Building on existing research and developments.** The Service has identified and recognised the need for a strategic statement. In developing a strategic statement it is hoped to build on the good work and the commitment of our staff. The Strategic Plan will use the research and works of various committees and groups that have submitted suggestions and proposals in the recent past. All such work will be invaluable in assisting in progressing the Strategic Plan. The purpose of the Plan is to build on the good work and systems in place throughout the Service, and to improve on them.

## CHAPTER 2

### THE STRATEGIC PLANNING PROCESS

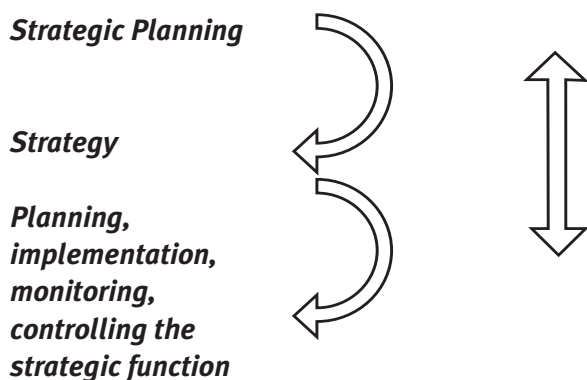
- 2 Strategic Management Outline.** Much has been written and said about strategic management and there are a variety of ways of developing strategic plans. The Service accepts the following general concepts as the way forward for this organisation and in the following paragraphs the system used is outlined.

*Strategy: “The means an organisation chooses to move from where it is today to a desired state sometime in the future. It is the link between understanding today and hope for the future, it is the roadmap to the future”.*

*Strategic Planning: “The actual process of creating a strategy”.*

*Strategic Management: “Planning, implementing, monitoring and controlling the strategic function of the organisation. It is a process whereby organisational resources are identified and marshalled in order to achieve desired outcomes”.*

***How the three link together:***



- 2.1 The Process.** Having evaluated the most appropriate way to conduct the strategic planning process, and taking the particular needs of the Service into consideration, the Executive agreed that the best way to complete the process within a reasonable time frame was to appoint a Strategic Planning Committee and task the Committee with developing a draft Strategic Plan for presentation to the Board of Management in April 2005.

Terms of reference for the Strategic Planning Committee are attached at Appendix C. The Committee assembled in November and having consulted widely, including with professional management advisors, defined a process for the production of the Strategic Plan. This process, which was amended as necessary during the development stage, was as follows:

- Mission Review
- Service Analysis
- Consultation Process
- Plan Development
- Implementation Phase

2.2 **The Strategic Planning Committee.** The Strategic Planning Committee comprises representatives from the Board of Management, the Service Executive, Centre Administrators, and Heads of Multi-Disciplinary Departments from both regions.

The composition of Committee is as follows:

Mr. Denis Cronin	Assistant CEO (Dublin)	Chairperson
Ms. Liz Reynolds	Assistant CEO (Limerick)	Deputy Chairperson
Ms. Kay Downey-Ennis	Director of Quality and Education	Member
Ms. Dympna Gibbons	Director of Human Resources	Member
Sr. Bernadette McGinn	Administrator, CRS Limerick	Member
Sr. Marian Harte	Administrator, St. Vincent's Centre, Navan Road	Member
Sr. Zoe Killeen	Administrator, St. Joseph's Centre, Clonsilla	Member
Ms. Maureen Dunne	Administrator, Training, Enterprise & Employment, Dublin	Member
Sr. Mary O'Toole	A/Administrator, Holy Angels, Glenmaroon	Member
Ms. Barbara Cullinan	Head Social Worker/Dublin	Member
Ms. Deirdre Taylor	Principal Clinical Psychologist, Limerick	Member
Mr. Fergus Dolan	Representing the Community of Daughters of Charity	Member
Sr. Rita Yore	Board of Management	Member

2.3 **Mission Review.** The Service Mission Statement was evaluated during 2004 as part of the "Service Policy Document" review, and has been approved by the Board of Management. The Strategic Planning Committee examined this mission statement and accepts that it clearly states the purpose of the Service. The mission statement and core values are outlined in Chapter 3 and highlights the organisations unique distinctiveness and will ensure that all involved will focus on those key principles of the Service.

2.4 **Service Analysis.** The Strategic Planning Committee adopted the traditional method of analysing the factors that impact on the Service. This process known as a SWOT analysis examines the organisation's capabilities (Strengths and Weaknesses) and analyses them against external factors (Opportunities and Threats).

The Strategic Planning Committee, drawn from all areas of the Service, was very thorough in its analysis, particularly of the organisation's strengths and weaknesses. The approach adopted was to make constructive criticisms of various aspects of the Service. From this analysis the Strategic Planning Committee was in a position to identify trends or specific areas that required attention/intervention to ensure that the Service continues to develop as a successful and progressive service provider in the coming years. These specific areas for attention are called **Key Result Areas (KRA's)** and the concept involved in implementing the Strategic Plan is that the Service will build on its strengths in order to achieve the objectives within these Key Result Areas.

2.5 **The Consultation Process.** Once the Strategic Planning Committee had assembled a draft of the Key Result Areas and had identified a way forward a series of consultative sessions for parents and families, staff and service users were held throughout the Service. In total over 250 parents, 350 staff and 90 service users were involved in the consultative sessions. These sessions were very informative and many of the suggestions and observations are included in the final plan. The lack of

formal associations of parents and families to contribute to Service developments was highlighted as a major shortcoming within the Service during the consultative phase. This issue is addressed in Chapter 8 - Communications.

- 2.6 **Plan Development - The Draft Strategy.** The Committee was anxious to continue the momentum on developing the plan and was particularly keen to have the plan available in the changing health service environment. The Committee produced a draft of the Strategic Plan in early April and as had been agreed, parents and families and staff were notified of the availability of the Plan and were offered a period for further comment. The revised draft was then submitted to the Board of Management.
- 2.7 **Publication and Implementation.** The Strategic Plan was completed and presented to and accepted by the Board of Management in April 2005. It was agreed that an Implementation Team would be convened with the express purpose of monitoring the progress of each of the elements of the Plan and assisting, encouraging and sourcing additional supports if any element of the Plan is underperforming. Annual updates on the progress of the various elements of the Plan will be made available to the key stakeholders. The implementation of the Plan will, in some instances, be significantly dependant on additional resources; in other instances it will not be resource dependant.

## CHAPTER 3

### THE VISION FOR THE FUTURE

- 3 Mission and Core Values.** The Service's Mission Statement and Core Values are outlined hereunder. These are central to our decision-making and delivery of services.

**Service Mission Statement** – “According to the spirit of St. Louise de Marillac and St. Vincent de Paul and inspired by their Christian vision of service to those most in need, the Daughters of Charity Service for Persons with Intellectual Disability recognises that each person possesses a unique dignity and potential.”

***We are committed to:***

***The development of the potential of each person with an intellectual disability in an atmosphere characterised by love, respect and creativity.***

***Enabling each person with an Intellectual Disability within the Service to take his or her place in society and in turn to contribute in a meaningful way.***

***Giving priority to people with the greatest need.***

***Advocacy and to the promotion of justice for persons with intellectual disability.***

The **core values** that guide us in our mission are **SERVICE, RESPECT, EXCELLENCE, COLLABORATION, JUSTICE AND CREATIVITY.**

- 3.1 **Service Key Result Areas.** As discussed above in para 2.4 the Key Result Areas for the Service are those areas of the Service, which we must improve upon to ensure that we remain as a leading service provider in the coming years. The Key Result Areas and the Objectives to be achieved within each Key Result Area do not stand alone but are interconnected with each other and in some instances very much depend on one another for successful completion.
- 3.2 **Key Result Area 1** - We will provide a quality service based on person-centredness, equity, partnership, advocacy, accountability and transparency.
- 3.3 **Key Result Area 2** - We will ensure maximum staff efficiencies whilst recruiting and retaining committed motivated and well-trained staff.
- 3.4 **Key Result Area 3** – We will continue to make efficient and effective use of our financial resources.
- 3.5 **Key Result Area 4** – We will continue to develop and promote an effective management system.
- 3.6 **Key Result Area 5** – We will continue to improve our systems of communication.
- 3.7 **Key Result Area 6** – We will have appropriate physical infrastructure and facilities for both service users and staff.

## PART 2 – THE KEY RESULT AREAS

### CHAPTER 4

**KEY RESULT AREA 1: WE WILL PROVIDE A QUALITY SERVICE BASED ON PERSON-CENTREDNESS, EQUITY, PARTNERSHIP, ADVOCACY, ACCOUNTABILITY AND TRANSPARENCY.**

**GOAL: PROVISION OF HIGH QUALITY SERVICES.**

The Daughters of Charity Service will provide a quality service at all times and in every aspects of service delivery consistent with availability of resources. A quality improvement strategy is in place containing the following strands: client focus; employee participation; education and training; processes and systems; measurement and continuous improvement and communication.

This quality service will be underpinned by the internationally accepted person-centred approach which recognises and embraces the needs of the service user, their family and significant others. Services will be provided in an equitable and transparent manner whilst encouraging partnership, advocacy and accountability. Recognising that resources will always be finite, services will need to be prioritised and will, as far a possible, be directed towards those with the greatest need. To assist service planning it is essential that the Service develops a comprehensive “needs assessment system”.

The Daughters of Charity have a long legacy of service development, advocacy and championing the issues of rights and equality for our service users. The Service must continue this advocacy role not only in relation to seeking additional resources but also in relation to human rights issues to ensure that there is a clear legislative framework for living within our service. Issues around consent and decision making for vulnerable adults must also be addressed. The Service is committed to accountability and transparency in all of its actions.

**Objective No 1: The Service will deliver services through a person-centred approach.**

In short, a person-centred approach to service delivery means that each service user is placed at the centre of service delivery.

The Service has evaluated other approaches and frameworks from both international and domestic perspectives and agrees that the Person-Centred System is the most appropriate approach for our Service to take. This approach is in line with a variety of current strategies including “Quality and Fairness” and the National Disability Authority’s recommendations.

The principles that underpin person-centredness are attached at Appendix C. More information on person-centredness is available from National Disability Authority or on their website [www.nda.ie](http://www.nda.ie).

The benefits of adopting such a system include the adoption of a consistent approach throughout the Service, and that each service user will be central to service planning. The Service currently uses

Individual Person Plans (IPP's) or Individual Educational Plans (IEP's) in some areas and the core elements of these can be adapted to ensure a true person-centred approach.

It will take time to implement this approach across the Service. Firstly the Service must run a pilot programme in each centre. This will then be evaluated before full deployment of the process. The Service recognises that throughout the pilot and roll-out phases consultation and training will be required with/for all key stakeholders. It is estimated that it will take until the end of 2008 before the 'process' is in place throughout the Service. Once this 'process' is developed each key worker will then concentrate on assisting the service user to achieve the various elements of the plan (in whole or in part).

The introduction of person-centred planning will, in some cases, be dependent on additional resources and in many cases it will require a change in working practices for staff involved. Recognising this, the Service is committed to engage with, through a partnership framework, the key stakeholders at an early stage to introduce and roll out the process. All concerned should recognise that the implementation of 100% of the individual person-centred plan may take some time to achieve, particularly if it is dependent upon additional resources. Having person-centred plans in place will, however, allow us to quantify the additional resources required while we simultaneously achieve elements of the plan in a systematic fashion.

**Objective No 2: The Service is committed to working in partnership with all stakeholders.**

Much has been written in recent times about the need for a partnership approach to various situations. Government Departments and the public service generally promote the partnership approach as is evidenced in "Sustaining Progress". Partnership is particularly relevant to an organisation such as ours, as the main aim of all stakeholders is the provision of a high quality of service for our service users.

During the lifetime of this Plan and beyond, the Service is committed to building on its partnerships with both internal and external stakeholders. Our internal stakeholders include service users and families, and staff. External stakeholders will include the various Government departments and agencies, the Health Service Executive, local intellectual disability service providers, NAMHI, Federation of Voluntary Bodies, NDA, Comhairle etc.

Some ideas in relation to partnership with parents and families have already been explored and separate objectives to implement these ideas are included within Chapter 8 - Communications. It is suggested that the best way to build partnerships with our service users is by development of Advocacy Services and this will be addressed hereunder.

**Objective No 3: The Service is committed to working in partnership with all Service Users.**

It is envisaged that the introduction of person-centred planning will help to formalise our current partnership with our service users. In addition to person-centred planning the Service will examine in greater detail the development of Advocacy Groups. It is expected that these groups will greatly assist our service users and ensure that we have a true partnership arrangement (Kendrick, M. (2002) Regional Advocacy Conference, Eastern Regional Health Authority, Dublin and Department of Health (2001) Valuing People – A New Strategy for Learning Disability for the 21<sup>st</sup> Century – White Paper – NHS Publication). Whilst examining the development of advocacy groups the concept of a Charter of Rights for service users could also be explored.

The Head Social Workers in both regions, in collaboration with others, are best positioned to examine this

suggestion in greater detail and to co-ordinate the approach and make specific recommendations to the Chief Executive Officer (CEO). The Service must also advocate for the development of legal protections for our population through negotiation with Government and the relevant statutory agencies.

**Objective No 4: The Service will develop a uniform needs assessment system.**

Because many of our service users present with complex needs including multiple disabilities and attendant health issues it is essential that the Service develop a uniform system which will allow this information to be collated and available for planning purposes. The Service hopes that a national needs assessment system will be introduced as part of the legislation around disabilities generally however until such a national system is in place the Service will develop and operate its own system based on best practice. There may be a requirement to develop separate assessment systems for adults and children.

**Objective No 5: The Service will ensure that all programmes are properly monitored, evaluated and delivered in accordance with evidence-based practice.**

Programme delivery is the responsibility of each line manager through the active involvement and participation of each staff member within their specific area. The Service recognises the importance of reviewing all elements of service delivery to ensure that appropriate programmes are in place for the service user, and that each programme has clearly defined goals and outcomes developed. Programmes should be developed and evaluated in accordance with evidence-based practice. Each local manager will develop a structure to enable the achievement of defined goals and outcomes.

The local manager, on an annual basis, will formally evaluate each programme and necessary action will be taken to ensure that the goals and outcomes are achieved. A Service Review Team will audit each programme at least every three years. The results of both the annual evaluation and service review will be available for the information of parents and families.

**Objective No 6: The Service will put processes in place to ensure that services are delivered on a prioritised system based on greatest need.**

The demand for services will generally outstrip the resources available to the Service. The Service must put processes in place in all areas of service delivery to ensure that there is an equitable distribution of resources.

Currently our Admissions, Discharges and Transfers (ADT) process is based on team decisions and works well, however this system does not extend to all aspects of service. The relevant members of the multi-disciplinary, nursing and medical staff will base all decisions relating to the provision of new, increased or reduced services on a team recommendation.

Decisions should be based on clearly defined protocols and it is important that this information is available to the parents and families. (See also Objective 24)

**Objective No 7: The Service will develop and implement plans to address service needs in identified critical areas.**

Whereas the Service will improve all services over the lifetime of the Strategic Plan, the Committee are aware of a number of specific issues that require individual action plans to address the issues in a systematic way. These specific issues affect services in both regions but due to the different demographic profile in Dublin and Limerick they will be prioritised separately.

The age profile in Dublin is older than it is in Limerick and there is a higher number of service users with severe and profound learning disability in Dublin and their specific needs have come to light earlier and some work has already begun in addressing these issues. It is anticipated that the Limerick Service will introduce review groups around these topics in the immediate future.

**Dementia Service** – Increasing numbers of service users in the Dublin region have been presenting with symptoms of dementia in recent years. The Service appointed a Policy and Service Advisor on Dementia Services in 2002 and a Strategic Plan for dealing with the situation is just being finalised. Once this moves into its implementation phase the Policy Advisor will be in a position to assist the Limerick region in developing an appropriate plan for service users in Limerick.

**Mental Health** – A policy document on the development of a Mental Health Team and Unit has been developed by the Clinical Director and Medical Team in Dublin. This policy has been accepted by the Board of Management as a suitable model for the Dublin Service. A plan is also required to be developed for the Limerick Region.

**Challenging Behaviour** – Increasing numbers of service users are exhibiting challenging behaviour. A team from the Service has been examining this issue and guidelines on the management of challenging behaviour are currently being developed for the Service. It is anticipated that they will be available and ready for implementation in June 2005.

**Autism Service** – A significant percentage of our service users present with Autism Spectrum Disorder. The numbers are increasing. The Health Service Executive does not have a clear policy for providing services to this group outside of the intellectual disability area. To address this issue a Service Review Team has been established to examine the situation in greater detail and to make recommendations on how to cater for this specific group.

**Older Person** – The Service recognises the changing needs of the older person. Many of these issues will be addressed within local centre-based plans however it has already been identified through the recent Community Residential Services Review that service users in this area must have their age-related needs addressed as a defined set of strategies. In particular the Community Residential Services Review prioritised the provision of ‘mobility-friendly housing’, additional staffing and provision of specific day programmes for the elderly as important. The Service needs to implement the recommendations of this review.

**Objective No 8: The Service will be informed by the principle of integration when planning day and residential services.**

The need to define and develop a Service policy around integration arose from a number of sources. It was evident from the review of the Community Residential Services, and the deliberations of the Strategic Planning Committee, that the Service needed to define and develop a policy and statement on our

understanding and philosophy on integration. The Service must also clearly define our responsibilities with regard to persons with a “mild” disability and how/where these people should access services.

A conference was organised for the Service on this subject on 2nd March 2005. It was attended by 140 of our staff drawn from all areas of our service and some parents. Papers were presented on the available Irish and international research on this subject. Group sessions developed responses to the issues arising in relation to integration. This is now the basis of an ongoing study to develop our approach to this complicated issue. When the findings are agreed they will be introduced into the Strategic Plan.

One important point was emphasised throughout the conference and the Service will act upon this issue immediately, i.e. the Service should use every means available to support potential residential service users to remain in their own (family) home for as long as possible.

**Objective No 9: The Service will develop a clear policy in relation to provision of supports to school-going children.**

As discussed in Para 1.6 the provision of supports to school-going children has always been a part of the Daughters of Charity Service. Recent developments make it essential that the Service, in partnership with the other stakeholders, develops a policy which clearly states who should be providing the relevant supports.

The Strategic Planning Committee recommends that special working groups consisting of representatives of School Boards of Management; Parents for Integration and Senior Management of the Service (including clinical professionals) be established to engage with the Council for Special Education and the Health Service Executive to ensure that the Service is adequately resourced to deliver such health-related support services to these children should it be determined that the intellectual disability services are the appropriate mechanism by which such support is delivered.

## CHAPTER 5

**KEY RESULT AREA 2: WE WILL ENSURE MAXIMUM STAFF EFFICIENCIES WHILST RECRUITING AND RETAINING COMMITTED MOTIVATED AND WELL-TRAINED STAFF.**

**GOAL: TO BE AN EMPLOYER OF CHOICE.**

Within the health sector generally, service providers are restricted in the complement or number of staff that can be employed. The Daughters of Charity Service must operate with a given staff complement and despite increasing demands due to ageing of service users or other issues the Service cannot recruit additional staff without authorisation from the Health Service Executive. In recent years, the Health Service Executive has compounded an already difficult situation through the imposition of mandatory staff employment ceilings, which has effectively reduced the number of staff the Service is allowed to employ. These ceilings force us to provide services whilst working far below our required staff complement and this of course affects the quality of services in most instances. The management team, both directly and through the Federation of Voluntary Bodies, has made strong representations against these ceilings. To date there has been no satisfactory resolution.

It would appear that the rationale for this employment ceiling policy is to reduce public service numbers as part of an overall governmental plan to control public spending now and in the future. This is understandable but not realistic within our sector, given the expectations and responsibilities imposed by legislation (Health and Safety, Working Time Acts, etc) and by the changing needs of clients. It is a difficult task to retain motivated, committed and well-trained staff in an environment where there is a constant pressure to provide quality services against a back-drop of staff reductions and increasing demands of health and safety and other legislative issues.

The Service will continue to vigorously object to these employment ceilings and we are anxious to discuss and negotiate this constraint with the new Health Service Executive. In advance of such discussions it will be very important that the Service conducts a review of staffing structures and numbers to highlight our efficiencies and to demonstrate staffing requirements.

Despite the difficulties outlined above, we are committed to providing a quality service and recognise that this is only possible through the availability of committed, motivated and well-trained staff. The Service recognises that there is a need to review some human resource practices and procedures including: improvement of the performance management system; development of an exit interview strategy; examination of career path development; examination of flexible working conditions and expanding staff training and education. Each of these issues will be examined in the light of current best practice and relevant guidelines and legislation. An example of this is that the development of a service-wide performance management system should be in line with the current Social Partnership Agreement – Sustaining Progress; and the Action Plan for People Management encourages organisations to develop and implement team-based performance management systems.

**Objective No 10: The Service, in partnership with staff, will promote optimum efficiency and effectiveness in the delivery of the services.**

The current staff complement has evolved over the years and unfortunately it is very much structured to deal with crisis or priority areas. Because of restrictions from the Health Service Executive we have not been in a position to develop a staffing structure based on our assessment of service users' needs.

We will as a matter of urgency conduct a complete review of our existing staff levels and structures in relation to the actual needs of clients in order to determine the most appropriate staff levels and staff skill mix in each centre.

To enable staff to work effectively in an ever-changing environment, a review of roles and job descriptions will be undertaken as outlined in Objective No 27. The Service will engage in this task in partnership with staff and unions to identify services and/or specific programmes of care delivery whereby efficiency can be improved within existing levels of staff and where staff will have a better clarity of role and function.

**Objective No 11: The Service will ensure that all staff are engaged in an effective Performance Development Review System.**

The Service will seek to develop an organisational culture that encourages and supports improved performance and individual development of staff. A Performance Development Review is central to performance management and offers each employee the opportunity to review and discuss with their manager their role, responsibilities, values, concerns, organisational and individual objectives, educational and training requirements and their ambition within the Service.

It is our intention to ensure performance development is understood throughout the Service and that regular Development Reviews will be routine for all levels of staff. This will facilitate an open communication process between manager and staff member. Performance Development Reviews will assist the staff member to work to their full potential.

Whereas exit interviews, as discussed below, will hopefully serve the purpose of identifying areas of unhappiness, or areas in need of improvement by staff who are leaving the Service, Performance Development Reviews will be used to judge the satisfaction levels of staff and to highlight areas of concern, which can then be addressed by their manager at the earliest opportunity, thus benefitting the further retention of staff.

An element of the Action Plan for People Management (published in 2002) is the implementation of a Team-Based Performance Management System. This can be a team, unit or department approach. The intention is to establish and develop a strategic and integrated approach to delivering sustained success to the Service by improving the performance of the employees and by developing the capabilities of teams and individual contributors. The benefits of a Team-Based Performance Management System is that it will give individuals on the team a real sense of involvement and a greater understanding of problems facing other staff members on the team from different disciplines. It will ultimately create a more professional and formal approach to work.

As many people in the organisation may be unfamiliar with Performance Development Review, it will be necessary to introduce training programmes with managers and staff, and to incorporate an awareness at induction level, to ensure that all are aware of the collective benefits of the process.

The Human Resource Department will develop a reference document, which will assist managers in completing the performance reviews. In some centres a more clearly defined line management structure will need to be developed so that all staff and managers are clear in their responsibilities regarding conducting a Performance Development Review. It is envisaged that individual reviews will be completed, at least on an annual basis, whilst the Team-Based Performance Development Review will be carried out on a quarterly basis.

**Objective No 12: The Service will ensure that exit interviews are conducted routinely and that all information is analysed.**

It is the norm that staff will retire or move to other areas of employment for a variety of reasons and, while many leave with a very positive impression of the Service, in some instances a staff member may have a contrary viewpoint and constructive suggestions. It is essential therefore that all of this information is captured in a timely fashion and that the information is centralised and analysed to identify possible trends. Feedback, criticism and comment resulting from the analysis should be disseminated quickly to the Administrators through the Executive Team for action as appropriate.

Our current method of collecting information through our existing exit interview system needs to be improved. The exit interview process will be reviewed and managed centrally by the Human Resources Department. A comprehensive interview will be conducted with all staff that are leaving the Service for whatever reason. It has been suggested that staff may be more willing to discuss their reasons for leaving with a staff member from outside of their work area rather than with their direct line manager. Appropriate action will be taken where deficiencies are highlighted. Information received will be reviewed, initially on a six-month basis, to track and measure the effectiveness of the system.

**Objective No 13: The Service will support staff, wherever possible, in their requests for flexible working conditions.**

It has become increasingly common for staff to request temporary and/or permanent flexible working hours for a variety of personal reasons. All managers and staff must understand that flexible working conditions incurs additional costs either directly or indirectly to the Service. Additional costs may occur around the administration, logistics and co-ordination of flexible hours, or additional costs may occur around the duplication and lack of continuity of services.

As more staff members express a desire to have flexible working hours there will be greater difficulties experienced by local managers in maintaining services. The Service recognises, however, that flexibility around working hours is becoming normal practice; it helps to support existing staff, and to retain and recruit a consistent and experienced workforce.

The Service recommends, and will support flexible working initiatives provided that services to clients can continue to be delivered in accordance with quality standards, the needs of the service users and their families, and that existing industrial relations procedures are not compromised.

In an attempt to examine the balance between service requirements and the demand for flexible working arrangements, it is our intention to review the existing patterns and hours of work for all programmes, service delivery areas, and for all grades of staff, throughout the Service. It is hoped that this review will not only indicate areas where flexibility can be achieved, but also highlight potential areas whereby efficiency can be improved.

The Service Human Resources Department will provide broad guidelines in relation to flexible working hours. Because of the individual nature of each Centre it is considered that Administrators should manage flexible hours within their own Centre. Administrators should determine the maximum number of staff which can be facilitated at any given time and should introduce a rotational system to ensure that all staff have an equal opportunity to avail of flexible working conditions. The Director of Human Resources must approve all flexible working arrangements. All requests should be examined in a consistent, transparent and equitable manner with clear rationale given for decisions.

In addition, all managers and Administrators should examine and consider creative rostering and scheduling for all grades of staff in order to facilitate as many requests as possible whilst maintaining the current level of service delivery.

In an attempt to assist Administrators in ensuring the availability of a flexible workforce it is recommended that all future advertisements of posts should specify that the staff member would be working within the Centre and not just for a specific programme.

**Objective No 14: The Service will, where possible, ensure that there is an appropriate career path for all staff.**

Within some Centres it would appear that some grades and categories of staff experience great difficulty in progressing to more senior levels or positions. This may be due to a lack of a clear and defined career path for that category of staff and this may well contribute to staff leaving the Service in order to pursue more acceptable and defined career opportunities.

We anticipate that, from a combination of information collected from performance development reviews and exit interviews, we will be in a better position to identify those grades of staff where definable opportunities and career paths need to be put in place. A limiting factor will always be the number of grades available, existing employer/employee relations and lack of sanction from the Health Service Executive.

**Objective No 15: The Service will develop comprehensive strategies /approaches for the recruitment of staff.**

The availability of staff tends to fluctuate depending on the national and international labour market. In recent years, due to national shortages, there has been a huge emphasis within the Service on the recruitment of international nursing and care staff. This has been successful and will continue. It is important that we continue to develop creative ideas and approaches to attract appropriately trained and committed staff to the Service.

Currently, despite ongoing recruitment efforts both in Ireland and internationally, we have found it very difficult to fill many of our multi-disciplinary vacancies. We are aware that this issue is a national problem facing many health care providers.

The Service will initiate a vigorous and continuous recruitment campaign in Ireland and abroad aimed at maintaining existing staff levels and increasing team quotas where possible. Recruitment campaigns, which should be interlinked with our assessment of what skill mix of staff are required, will focus on areas such as recruitment fairs, promotion of the Service within the various colleges in Ireland and advertising in Irish and international professional magazines.

All managers of multi-disciplinary departments will consider the possibility of the suitability and utilisation of other grades of staff such as Assistant Physiotherapists, Assistant Psychologists etc. Employed appropriately, these staff may be in a position to increase the levels of support available within existing multi-disciplinary team members.

**Objective No 16: The Service is committed to the Continuous Professional Development and Training of staff.**

From our consultation process with staff, evidence suggests that there is dissatisfaction with the level of financial support for continuous professional development and a perception of inequality in the distribution of resources within the educational budget. Currently the education budget covering the entire Service, is 0.5% of our core operational fund.

This amount covers all external training sourced to develop programmes from areas identified through a training needs analysis; development of core competencies for professional staff; continuing professional development of staff; training trainers to deploy selected programmes throughout the organisation; annual conferences and other relevant courses. The training budget does not cover staff replacement costs and the cost of internal training delivered by staff with expertise within specific areas.

The Service's percentage of core funding allocated for training and education appears to be low in comparison to the average 1.7% of payroll allocated in similar organisations surveyed in the Irish Public Health Services under the auspices of the Health Services National Partnership Forum (SHL 2002). However the findings of this survey remain somewhat blurred, as it is not clear what exact costs are involved in the survey calculations

It is understandable that some staff that are not chosen for courses might feel disappointed or aggrieved. Staff should be aware that the training budget is distributed equitably across the Service but there is a constant challenge to balance ongoing service delivery against the needs to release staff to partake in statutory or service-designated training and Continuous Professional Development (CPD). In order to ensure the best use of both human and financial resources it is necessary to plan training on an annual basis through the development of individual departmental training needs analysis which is aligned to centre training needs and feeds into the overall organisational training and education plan.

The Service recognises that CPD is a continuous process of personal growth to improve the capability and realise the full potential of professional people at work. This can be achieved by obtaining and developing a wide range of knowledge, skills and experience, which are not normally acquired during initial training or routine work, and which together develop and maintain competence to practise. This can be accessed in a variety of ways both internally and externally.

While the Service at all times encourages and welcomes applications from staff to pursue further training and education, the Service is limited and constrained financially in its ability to provide such education and training. In providing financial resources for CPD there must be a balance between training and education that has a direct benefit to the Service and one which is of professional benefit to the individual staff member. Members of staff must recognise their own personal contribution that is required in order to continuously develop professionally.

Whilst attempting to increase the training budget during the lifetime of this Plan it is the aim of the Service to prioritise the training and education spend into the most critical and value added areas. This is best achieved through the development of a comprehensive training needs analysis, a process which has begun within the

Service and which will ultimately allow for a more strategic approach to training and development.

Taking into consideration the need for continuing education and training for staff against continuing budgetary constraints, consideration will be given to the development of a “for profit” stand-alone unit to develop and deliver courses on a commercial basis. A feasibility study will be undertaken to ascertain the viability of such a programme.

This objective is primarily about training for staff, however the Service must also examine issues around provision of training and education for parents and families.

**Objective No 17: The Service will engage in appropriate intellectual disability research projects.**

The Service is committed to delivering services based on best practice. One method of ensuring we are complying with and developing best practice is by research and developing links with educational establishments. In recent times the Service has made some progress in this area by bridging the gap between theory and practice through development of a shared post with one university and working in partnership on particular projects with other 3<sup>rd</sup> level institutions.

We must continue to develop our links in these areas and we should also ensure that funding is available for staff or others to conduct relevant long-term research projects. The ability to engage with research projects will also have an important role in the motivation of staff and extending the Continuous Professional Development process. Funding for research is often difficult to acquire from the usual sources hence it is suggested that the Director of Quality and Education will look to fundraisers or commercial sponsors in order to support these projects. The Service would also welcome a partnership approach with other service providers in intellectual disability.

**Objective No 18: The Service is committed to assisting in team-building and motivation of staff.**

In recent years due to increased pressures within the Service, and because of the changing needs of the service users, there are increased demands on staff and many would suggest that there is less time for staff interaction. This is a feature of many large modern organisations but it is essential in a Service such as ours that depends on the interaction of a wide variety of staff of various categories and grades that they work in a harmonious and focussed atmosphere.

It is important to highlight that all grades of staff require an opportunity to participate in team-building sessions and events and, in recognition of this, the Service will endeavour to ensure team-building occurs at all levels. A Service-level team-building and motivation group should be established to promote team-building and to act as a resource facility for all Centres.

In the last two years, as part of management training, a substantial number of managers have been made aware of the importance of team-building and have been given the knowledge and training in how to develop team-building. Administrators should encourage and support managers at all levels in their efforts to facilitate team-building, and should identify a number of staff within their Centre who are particularly good in this area. It may be more appropriate to utilise these individuals as a resource for team-building across the Service rather than trying to ‘reinvent the wheel’ at each location.

In relation to motivation, the Service is aware that individuals will be motivated or demotivated for a variety of reasons. It is hoped that this Strategic Plan, and the corresponding move of the Service towards

strategic management, will provide a shared vision and goal for all staff. We hope the Strategic Plan will offer clarification on a number of staff-related issues and help raise levels of motivation in general especially as objectives are achieved.

We are also aware, as a result of our staff consultation process, that failure in the areas of communication and poor physical resources can contribute to demotivation and these specific areas are examined under other Key Result Areas. The development of internal networking groups to share ideas should be encouraged.

As a public sector organisation, the Service is unable to reward staff financially as a means of motivation. The Service must pay staff according to pre-ordained salary scales as per the Department of Health and Children and we cannot deviate from these scales. However, we are interested in the possibility of exploring other ways of providing benefits for staff that join and continue to stay with the Service. During the consultation process ideas have already been suggested in this regard and they will be passed to the Implementation Team. The Service will convene a committee to specifically examine this area and make recommendations accordingly.

**Objective No 19: The Service will increase the Volunteer Base.**

In the past the Service has, revolved around, depended on and benefited from the total commitment (24/7) of members of the Daughters of Charity Community. In recent years the numbers of the Sisters working within the Service has reduced significantly and this has left a void in some areas of service delivery and, unfortunately, we are unable to fill this void by the recruitment of additional lay staff.

Currently a very committed group of volunteers provide very valuable assistance in a number of Centres within the Service. It is acknowledged that recruitment and training of additional suitable volunteers would significantly improve the support available to regular staff and therefore this should impact favourably on the quality of service.

Volunteers could be used in a variety of ways including assisting staff in social outings, physical recreation, swimming, and horse-riding or friendship schemes. In the present climate the recruitment and utilisation of volunteers can no longer be managed and treated in a local unregularised fashion. The Service has already produced a training pack of information to assist in recruitment and vetting of volunteers and this should be expanded upon.

The appointment of a full-time or part time volunteer co-coordinator to take responsibility for the recruitment and general induction and training of volunteers will be a priority. The protection of our service users will be paramount when considering any possibility of volunteer involvement.

## CHAPTER 6

**KEY RESULT AREA 3: WE WILL CONTINUE TO MAKE EFFICIENT AND EFFECTIVE USE OF OUR FINANCIAL RESOURCES.**

**GOAL: FINANCIAL RESPONSIVENESS & TRANSPARENCY**

The Daughters of Charity Service will provide a quality service at all times within the capacity of our current and future level of funding. The level of funding is the subject of ongoing debate between the Health Service Executive (in both regions) and the Daughters of Charity Service. There is a considerable challenge to the Service to continue to provide a quality service considering the ongoing erosion of our core funding and arbitrary “value for money” cuts (Appendix B).

The current Health Service Executive system of providing financial support to develop services for new service users only without any framework to provide the Service with funding to address the changing needs of existing service users will continue to impose a heavy burden on the organisation.

Despite the difficulties and issues to be resolved as outlined above, the Service is committed to efficient and effective financial resource management within the existing levels of funding and we acknowledge that of equal importance is our ability to demonstrate *Value for Money* at all times. The financial management system within the Service will be responsive, transparent, innovative and equitable and we will put in place systems to demonstrate all of the above.

We acknowledge that, within the new health structure as outlined in the Health Reform Programme (Dept. of Health and Children, 2004), there will be many changes including the methodology of how financial resources are distributed to all of the service providers. We will embrace and support this change but the Daughters of Charity Service and other intellectual disability service providers must be fully involved partners within this national change programme and therefore issues of underfunding must be resolved. We will continue to advocate for our service users, their families and staff in terms of the cost of service delivery and highlighting resources required to meet our service users existing, changing and future needs.

**Objective No 20: The Service will make every effort to increase the funding base through both traditional and innovative approaches.**

Individually and in alliance with local and national agencies and other service providers, the Service will continue to engage in discussions with the Health Service Executive regarding the existing financial framework and current insufficient level of funding, and the requirement for change therein. To make any significant changes to service delivery within the lifetime of this Strategic Plan it will be vital that our level of core funding from Government sources be increased.

In addition to Governmental funding, the Daughters of Charity Service has been extremely fortunate in that we have benefited in many ways from the innovative and committed fundraising efforts of the various Parents and Friends Associations, RESPECT and other generous benefactors. In recognition of this ongoing willingness to assist the Service and as resources within the statutory bodies will always be

restricted, we will continue to work with and proactively support all of these groups by highlighting and prioritising appropriate capital project developments that could be achieved through fundraising.

Whilst the above two traditional methods of securing funds will continue to be examined and expanded upon, the Service will also strive to be more creative in its efforts to increase its base budget by attempting to access alternative funding sources, e.g. commercial partnerships/sponsorships, grants, partnerships with other providers, realising the commercial value of existing buildings etc. To maximise potential from these sources it will be necessary to establish an expert group with authority to explore various options and to make recommendations on a case-by-case basis. Some suggestions which include the possibility of outsourcing some services have been put forward already to the Committee and will be explored in greater detail during implementation phase.

**Objective No 21: The Service will demonstrate clear accountability and equity for all resources.**

In the interests of accountability and equity, the Service will devise its own system of accurately costing each element of the services provided. Adoption of a cost-centred approach to service delivery areas such as early services, day services, residential services, multi-disciplinary support, etc. will allow the Service to demonstrate the costs involved in each area and will allow us to monitor in a more efficient manner the distribution and utilisation of funds.

**Objective No 22: The Service will continue with arrangements to devolve budgets to appropriate levels.**

Budgets are currently devolved to varying degrees across the Service based on limited costing information. It is the Service's intention to introduce realistic budgets following on from the development outlined at Objective 21 above. This will ensure that responsibility and accountability for the utilisation of all resources will be at an appropriate level and all staff will feel more involved in the process.

A system will be introduced whereby at the beginning of each financial year, and in consideration of available resources, budgets for each Centre will be identified and agreed between the Director of Finance and each Centre Administrator. In turn, within each department, budgets will be identified and agreed between the Director of Finance, the Administrator and the appropriate departmental manager who will be expected to manage this dedicated budget, and communicate / inform his / her staff of the processes and rationale involved.

**Objective No 23: The Service will make financial training and support available at an appropriate level for relevant managers.**

We expect our managers to accept more responsibility and accountability regarding budgets; we must therefore ensure that managers, at all levels, will be provided with appropriate training and support and a clear indication of what is expected of them in terms of financial management within their own particular department /area. The financial training programme needs to cover some basic accountancy procedures and it is anticipated this training should commence at an early date and training should be updated regularly.

**Objective No 24: The Service will put in place an agreed system and framework for the prioritisation and allocation of new or emergency funding (revenue and capital), as agreed by the CEO and the Executive Team.**

Because of the severely under-resourced core budget, the CEO and Executive are often forced to allocate new and developing funding and any additional capital funding to Centres based on emergency situations. This may give the impression that the Service has no structured plan for the distribution /allocation of funds or that one centre may receive a disproportionate amount of finances.

Linked in with other aspects of the Strategic Plan, but in particular the intention of developing an annual plan for each centre, Administrators must identify and prioritise issues that require either capital or revenue expenditure outside the normal annual budget. These issues should then be accurately costed and submitted on a regional basis to the Service Executive. The Executive will make decisions regarding this abnormal/emergency funding based on priorities throughout the region.

**Objective No 25: The Service will where practicable introduce a shared services procurement policy.**

As an organisation we are bound by the Public Service rules and procedures relating to procurement of materials and services. Although regionally the Service is quite a large procurement agency we have over the years allowed individual Centres to contract their own suppliers. In line with the Health Service Executive policy on shared services the Service should examine the situation in greater depth to see if there are cost benefits in adopting either a central purchasing or a regional purchasing policy. It will be mandatory to use Health Services Executive shared services in future if cost savings can be achieved. Work is already in progress on this matter.

## CHAPTER 7

**KEY RESULT AREA 4: WE WILL CONTINUE TO DEVELOP AND PROMOTE AN EFFECTIVE MANAGEMENT SYSTEM.**

**GOAL: TO EMPOWER MANAGERS AT ALL LEVELS TO PLAN, DEVELOP, CO-ORDINATE AND MONITOR SERVICES**

The ultimate authority for the provision and management of all of the Daughters of Charity Services in Ireland rests with the Provincial and members of the Council of the Daughters of Charity of St. Vincent de Paul, who are the Trustees. The Trustees have established a Board of Management for the governance of the Intellectual Disability Service.

The Board employs the Executive team to oversee the operations of the organisation and the management structure of the Service is similar to that of many large health care organisations (see organigram at Appendix A). Each Centre within the Service is managed by an Administrator who is responsible for the day-to-day management of that Centre.

The Executive team and the Administrators form the Service Co-ordinating Committee which co-ordinates development and policy issues with a regional or Service dimension and acts as a consultative and advisory body to the Chief Executive Officer.

From an examination of the Service's structure by the Strategic Planning Committee and from comments at the consultative process it would appear there is a general acceptance that the current senior management structure is an appropriate structure for the organisation, and that it is capable of addressing all issues that arise. However, there is a need to ensure the management structure and the lines of communication within this structure are clearly understood and adhered to throughout the Service.

Since the structure was originally implemented, many managers and staff have changed positions and, as a result, there are indications that some confusion exists as to the roles of individuals, and the functions of some elements of the management team. A short briefing session for all managers and staff outlining the role and functions of various senior staff members should correct this. Once this issue has been addressed it will be important that the Service put the correct procedures in place to ensure that all concerned will work within this structure thereafter. Briefing sessions will be required at the induction of new staff and periodically for changes of managers.

Some of the more general weaknesses within the management system include the need for improved communication, responsiveness and transparency, and these issues have already been highlighted under other Key Result Areas.

The management and administrative structure within Centres is one specific area which needs to be addressed separately. Historically, the Service has concentrated on providing new front line staff positions to assist the clients at the expense of introducing new managerial or administrative support. It is,

however, essential for the efficient working of the organisation that a correct balance of managerial and administrative staff is in place at all levels within all Centres.

**Objective No 26: The Service will conduct a review of management structures at Centre level.**

In some Centres, the local management structure has evolved over a period of time and, in some instances, the appropriate reporting relationships are not in place to ensure maximum efficiency.

The Administrator in each centre, supported by the Human Resource Department, will conduct a review of the Centre's current management structure. They will bring forward proposals for improvement, within the constraints of the required resources. These revised structures should be put in place or be addressed in a temporary manner at least in advance of the introduction of the annual performance review.

**Objective No 27: The Service will complete a review of staff job descriptions to ensure that they are all relevant and descriptive of the current environment.**

The roles and functions of staff can change and vary for a variety of reasons, including the demands and changing needs of service users. In most cases, staff readily adapt to the changes but may find, after a number of years, that their actual current role and responsibilities has changed significantly from their original job description. This is a normal evolution in any organisation.

Therefore, in accordance with good practice from a human resource management perspective, it is our intention to review with staff all job descriptions and we anticipate this review will clarify roles and responsibilities and ensure that staff and management are clear in what is expected from each individual.

**Objective No 28: The Service will encourage and empower management and staff at all levels to take ownership of the Strategic Plan.**

The Strategic Planning Committee is fully aware that this Plan will only succeed if it has the full support and co-operation of all stakeholders. Once the Plan has been adopted by the Board of Management, members of the Committee will provide briefing sessions for managers at all levels, and it is anticipated that all staff in turn will be briefed by their line manager as to the details of the plan and how the specific goals and objectives will impact on each area and department.

The Strategic Plan will be available to all parents and staff members and will be published on our website at [www.docservice.ie](http://www.docservice.ie). The Committee should brief all Administrators and department heads, who will, in turn, brief their own managers.

**Objective No 29: The Service will introduce, develop and support the implementation of an annual plan for each centre within the organisation.**

Staff often have an unrealistic expectation that senior management will be busy developing detailed plans to address all issues at an operational level. If nothing significant happens in any year, managers and staff subsequently can become demotivated and may feel that there is little progress or interest in their centre.

The Service Executive should only address issues at a Service-wide or regional level. At this level of management the Service prepares annual plans for developments and submits accordingly to the relevant

Health Service Executive. The outcomes or otherwise of these submissions are then relayed to staff through the regional planning fora (see Policy document).

Administrators, local managers and all staff must be involved in and take full responsibility for developing an annual plan of action that will quantify the specific needs of each individual Centre. This annual plan, which should have realistically attainable goals and outcomes, will be reviewed throughout the year by all managers within the particular Centre in order to assess progress and make adjustments to the Plan as required. All Centre based annual plans will be aimed at improving service delivery and conditions through internal reflection and examination of practices and, in addition, the plan should facilitate the rationale for, and the identification of the needs for external resources.

The identification of external resource requirements will be used in compilation of the Service's annual bid to the Health Service Executive. To facilitate the development of such centre-based annual plans, the Service Executive will visit each Centre on an annual basis to examine at first hand the issues being put forward, and to assist the Administrator and local managers in the development of the Plan. The targets and goals set out within individual centre plans can also be utilised at a later stage within the performance appraisal system.

## CHAPTER 8

**KEY RESULT AREA 5: WE WILL CONTINUE TO IMPROVE OUR SYSTEMS OF COMMUNICATION.**

**GOAL: TO COMMUNICATE AND CONSULT EFFECTIVELY WITH KEY STAKEHOLDERS.**

Throughout the consultation process, and from the Strategic Planning Committee's internal analysis of the Service, it is apparent that communication with our stakeholders can be improved.

While this shortcoming in communication was not intentional, it is clear that we must examine our existing information systems and develop frameworks to ensure that there is more service user, parental and staff involvement in the communications process. Our primary stakeholders are the service users, their parents and family members and our staff. The Service is committed to communication and consultation with all of these groups in a manner that is appropriate, efficient, effective and timely.

The person-centred approach to service delivery, and the development of advocacy groups, should ensure good communication systems with service users and the introduction of the Service Communications Charter will assist in proper communication with staff.

In line with the EU Directive on Information and Consultation with Employees, the Service will establish a Forum setting out a general framework whereby employees are informed and consulted systematically through their representatives. An agreement between the Service and employees, through their representatives, will be organised which will set down a formal procedure for informing and consulting employees through their representatives on an ongoing basis on a broad range of issues affecting their jobs and Service developments/activities etc. It is envisaged that this Forum will deepen and strengthen partnership with employees.

The Service also recognises the need to have strong partnerships with parents and families and we are committed to consulting with, and involving, parents and families in decision-making with regard to service delivery at the earliest possible time. During the consultation process it was obvious that much could be gained by all concerned if parents and families were facilitated in the establishment at centre level of proactive 'parents consultation fora'. These fora could fulfil a variety of roles from a support and information-sharing function for other parents, to a regularised group to put forward the fears and / or reservations and appreciation around service delivery.

The Service is also aware of the need to promote and highlight the numerous programmes and services provided in both Dublin and Limerick. From the consultation process with parents, many expressed satisfaction with the quality of services provided and it is therefore important from a public relations and also from a staff morale perspective that we highlight and share positive developments.

Managers at all levels should be alert to the possibility of promoting the Service and should forward ideas to their local Administrator.

The person-centred approach to service delivery, advocacy groups, consultative fora and the communication charter will all assist in improving communication. However, these programmes will only achieve their aims, and improve communication and consultation when there is a genuinely open and transparent culture of involvement and discussion. Service Annual Reports and individual Centre annual reports will assist in providing improved information to the parents/families and the public.

At times there can be a perception that communication is primarily the responsibility of the Administrators and the Executive team. In fact, listening and sharing information is the responsibility of all employees, at all levels and the Service has an expectation that each manager will inform their own staff of local and Service developments and embrace change in order to ensure the ongoing development of our transparent culture. Managers at all levels must listen to their respective staff and ensure that feedback is passed to the appropriate authority.

**Objective No 30: The Service will communicate and consult effectively with all service users.**

As indicated and discussed in Chapter 4 (Quality Services), in order to achieve the highest quality of service delivery we are committed to the introduction of a person-centered approach to care and to the establishment of advocacy groups throughout the Service.

Once Person-Centred Plans are in place we are confident that communication and consultation will improve between the organisation and service users, and that each individual will have a real and meaningful influence on their care, the achievements of their needs and an input into how the Service develops and expands in the future.

It will be the responsibility of each Administrator and departmental manager to ensure that general information obtained through person-centred programmes is collated and disseminated appropriately to parents, staff and the executive team for planning purposes.

A system will be researched and developed, in conjunction with the introduction of person-centredness, to ensure a mechanism is in place to monitor progress and the dissemination of appropriate information.

**Objective No 31: The Service will communicate and consult effectively with all parents and family members.**

The Service is committed to working in partnership with parents and family members and we value their opinions and expertise.

Administrators in each Centre, will be responsible for the establishment of consultative fora between the local service and representatives of the parents and families in order to hear the views of parents, to share information and to consult on the various developments within that particular Centre.

It is anticipated that each forum will: convene on a regular basis, but at least twice yearly; that minutes will be routinely distributed to all parents and friends; and that forum attendees will have access to, and meet with, the assistant CEO's as required and with the CEO on an annual basis.

At the initial meeting, the terms of reference for the consultative forum will be developed by the Administrator in partnership with the attendees and should address a number of issues to include:

- Chairperson: This can be on a rotational basis. Responsibilities of the Chairperson will include communication to and from attendees and other participants in the forum.
- Location, frequency, duration and times of meetings: The time of the fora may have to be rotated to ensure availability of parents and family members and the Administrators.
- Rules: Normal ground rules for conducting meetings will apply.
- Content: Day to day operational matters or individual cases are not appropriate for discussion at these fora. However, it is anticipated that the forum will discuss specific service issues and challenges, needs of services users and parents, funding arrangements, progress of strategic objectives etc. In addition, it is anticipated each Administrator will share information with regard to developments throughout the Service, both at local and national levels.
- Minutes: Minutes of meetings should be taken and distributed.
- Agenda: A system to ensure items are placed on the agenda for discussion, and distributed prior to each meeting.
- Feedback: A system to feed back as appropriate to administrators, staff and the Executive team.
- Evaluation: A system to evaluate the effectiveness of the fora.

Other means of improving communication include centre-based newsletters, programmes of events, website and annual reports. To assist parents and families in dealing with ongoing issues or specific challenges Administrators should examine the possibility of developing user-friendly resources packs to support families.

**Objective No 32: The Service will communicate and consult effectively with all staff.**

The Daughters of Charity Service recognises that effective communications and involvement in consultation and decision making are vital and are the lifeblood of daily interactions and of the overall morale and motivation of staff. Thus a primary goal of this objective is to ensure that top-down, bottom-up, horizontal and vertical internal communications are good, sufficiently frequent and effective.

A communication charter is currently being developed in consultation with staff, which will address key areas of communication. Following the complete development and deployment of the communications charter managers at all levels and staff will be responsible for ensuring effective communications and consultation are in place.

**Objective No 33: The Service will communicate and consult effectively with all external agencies.**

The Daughters of Charity Service is one of many service providers in the area of intellectual disability. We are committed to continuing to work closely with other service providers, national disability organisations and groups such as the Federation of Voluntary Bodies, in order to increase awareness of the needs of the service users, our particular services and address challenges to service delivery.

In addition, we will continue to liaise and work closely with the Health Service Executive and will highlight on a continual basis our capital and revenue requirements to improve service delivery.

**Objective No 34: The Service will conduct a review of present Management Information Systems.**

There are existing communication systems and management information systems currently in operation throughout the Service but as communication has been highlighted as a key area for improvement, we must review all existing systems to assess their existing function, effectiveness and level of productivity. This review will include an assessment of meetings, information technology systems, accessibility to client records, and human resources and financial systems. It is anticipated that this review will highlight the areas that are working well and the areas where improvements are required.

Financial constraints may inhibit the expansion of management information systems, particularly when technology is a requirement, and so the Service will explore the possibility of accessing corporate sponsorship and grants to assist in this area.

## CHAPTER 9

### **KEY RESULT AREA 6 - WE WILL HAVE APPROPRIATE PHYSICAL INFRASTRUCTURE AND FACILITIES FOR BOTH SERVICE USERS AND STAFF**

#### **GOAL: APPROPRIATE FACILITIES FOR ALL.**

The Service has for many years provided services by utilising the valuable buildings and lands of the Daughters of Charity, which have been provided at zero cost to the State. Many of these buildings, though appropriate for use at the time of their original commissioning, now fall well short of what is required for the 21<sup>st</sup> century.

Besides being unsuitable from a physical perspective many of our facilities are centre-based and this may not now be appropriate for some service users. In accordance with para 1.2 of the Policy Document, the “Service . . . will be informed by the principle of integration when planning day and residential services, taking into consideration the wishes of families and the resources available”.

In recent years, the Service has acquired small amounts of capital either directly from the Health Boards/Department of Health or through the Department of the Environment and this has allowed some improvements to our infrastructure. Unfortunately this source of capital investment falls far short of what is required to maintain our buildings and the Service constantly depends on additional support from the various parents and friends groups and other fundraisers who have traditionally supported us in essential projects.

Despite these difficulties, the Service is committed to providing the most appropriate physical infrastructure and facilities for both clients and staff. The Service recognises that the physical environment very often has a significant bearing on issues such as challenging behaviour, mobility and ageing in place.

Where standards are available, the Service will comply with and exceed these if possible to ensure that the service user and staff are living, working and recreating in an appropriate environment. The demands for and the priority for infrastructural improvements vary across the Dublin and Limerick regions. This is primarily due to the fact that Limerick is a relatively new service and the average age of buildings (and service users) is much younger in Limerick than it is in Dublin. Nevertheless both regions require a significant injection of capital to allow services to be provided to a quality standard.

It is estimated that the capital requirement for Dublin alone is in the area of €111 million. The Executive of the Service will continue to lobby the relevant Government Departments to acquire not only the capital to develop services but also the necessary revenue to employ staff to ensure that appropriate safe care environments are available.

The provision of revenue funding to provide staff to operate within new buildings is an essential element of any plans to develop. Unfortunately revenue funding is often more difficult to acquire than capital. An example of this is the situation in Lisnagry at present where 6 new bungalows have been built for residents. They were completed in July 2003 and as yet the Health Service Executive has not sanctioned the additional staff necessary to open the units.

In addition to lobbying for capital and revenue funding for new buildings the Service is examining all of its current buildings to ensure that they are maintained to standard in a planned manner and upgraded where necessary to meet current building, safety and environmental legislation.

Where improvement or new works are being carried out they will be managed by the logistics section in collaboration with the Centre Administrator and local maintenance manager. All work will take account of the appropriate financial and building regulations. During the examination of our current building infrastructure the Director of Logistics and maintenance managers are taking the necessary action to ensure maximum efficiency of the utilities in all buildings.

In the development of any new buildings the Service is committed to engaging with staff, service users and families at the earliest opportunity to ensure that a development is necessary and appropriate. Ultimately availability of resources will dictate the final outcome of any development, however, the Service will attempt to encapsulate the views of all involved.

Both regions will develop a major capital expenditure plan, which will list all potential developments on a priority basis. A Preventative Maintenance Plan has recently been put in place and will enable each centre to have its own prioritised list for minor capital projects, which can be addressed within Centre budgets as minor capital grants become available.

**Objective No 35: The Service will ensure that all new buildings and renovations to older buildings comply with all relevant statutory regulations and associated codes of practice.**

There are a variety of statutory regulations and codes of practise in place which we as a reputable and responsible organisation should take into account when purchasing, developing or renovating properties. In particular the Service should ensure that all new buildings have full mobility access in line with National Disability Authority standards.

The principle involved in making all new buildings accessible will also be employed for all renovation projects. The renovation of older buildings however is often more problematic and it may be very costly to provide the necessary adjustments. In such instances the additional works involved should be costed and a proposal on the cost-effectiveness of renovation versus sale and repurchase should be forwarded to the Executive for decision.

**Objective No 36: The Service will prepare a capital investment plan for each region based on priority issues and will endeavour by every means to acquire funding for these projects.**

As already discussed priorities will vary within regions, however the Service in each region must prepare and cost a comprehensive plan of essential projects for capital investment over the coming years. This list will be prepared jointly by the A/CEOs, Director of Logistics and Administrators and should be prioritised and based on current and future needs and will be the focus of capital spending for the life of this plan. The process of developing this list has already begun in Dublin and is about to start in Limerick.

**Objective No 37: The Service will ensure that maintenance plans are developed for each centre.**

An essential element of our financial effectiveness is that we are proactive in the management of essential and preventative maintenance. As in many similar organisations the maintenance budget is often reduced in any year of financial shortages. This has a short-term effect of balancing the books but unfortunately has a knock-on effect in the longer term, as increased funds are required in future years.

A comprehensive Preventative Maintenance Programme is currently being developed under the direction of the Director of Logistics in consultation with the relevant Administrators and maintenance managers. This will involve developing a detailed database of building and system elements for all properties utilised by the service. The database will be used to aid the management of maintenance scheduling, life spanning, and prioritising upgrades and will ultimately be the basis for a planned Preventative Maintenance annualised budget in line with current best practice. Prioritisation will sometimes be dictated by statutory obligations such as Fire Safety, Health and Safety and Hazard Analysis Critical Control Points (HACCP).

## PART 4 - IMPLEMENTATION PHASE

### CHAPTER 10

#### ACTION PLANS

**KEY RESULT AREA 1:** **WE WILL PROVIDE A QUALITY SERVICE BASED ON PERSON-CENTREDNESS, EQUITY, PARTNERSHIP, ADVOCACY, ACCOUNTABILITY AND TRANSPARENCY.**

**GOAL:** **PROVISION OF HIGH QUALITY SERVICES**

**Objective No 1: The Service will deliver services through a person-centred approach**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
1.1	Pilot person-centred approach / plan in each centre.	Dec 2005	Director of Quality and Education & PCP Implementation Team
1.2	Evaluate the pilot person-centred approach in each centre.	Jun 2006	Director of Quality and Education, PCP Steering Group & PCP Implementation Team
1.3	Commence 'roll-out' of person-centred approach throughout the Service	Nov 2006	Director of Quality and Education, Administrators, PCP Steering Group and PCP Implementation Team
1.4	Implement person-centred planning across the Service.	Dec 2008	Director of Quality and Education, Administrators & PCP Steering Group

**Objective No 2: The Service is committed to working in partnership with all stakeholders**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
No specific action plan is suggested as this Objective is closely associated with other Objectives particularly No.1 – Person-centredness, No.3 Working in partnership with service users, No. 31 – Communicate and consult with parents and families, No. 32 – Communicate and consult with staff.			

**Objective No 3: The Service is committed to working in partnership with all Service Users.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
3.1	Examination and recommendation regarding the development of an Advocacy Service	Dec 2005	Head Social Worker – Dublin and Limerick
3.2	Advocating for the development of legal protection for service users	Ongoing	CEO & Clinical Directors
	See also Objective 1.1 person-centred planning		

**Objective No 4: The Service will develop a uniform needs assessment system.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
4.1	Development of a uniform needs assessment system	June 2006	Clinical Directors, Medical, Nursing and MDT.
4.2	Conduct a uniform needs assessment on all service users	By end of Plan	Clinical Directors, Medical, Nursing and MDT.

**Objective No 5: The Service will ensure that all programmes are properly monitored, evaluated and delivered in accordance with evidence-based practice.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
5.1	Production of agreed stated goals and expected outcomes for each programme of service delivery.	Nov 2005	Administrators & Programme Managers
5.2	Implementation of Annual Formal Programme Evaluation	Nov 2006	Administrators & Programme Managers
5.3	Establishment of a Service Review Team for Programme Auditing	July 2006	A/CEOs & Administrators

**Objective No 6: The Service will put processes in place to ensure that services are delivered on a prioritised system based on greatest need.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
6.1	Production of defined and agreed protocols to ensure team decisions around access to, increasing or decreasing levels of service.	Mar 2006	A/CEOs, Administrators & Multi-disciplinary Managers

**Objective No 7: The Service will develop and implement plans to address service needs in identified critical areas.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
7.1	Dementia Service - Dublin. Adopt and implement over a phased period the Strategic Plan for dementia services.	Ongoing – refer to specific plan	A/CEO, Service and Policy Advisor on Dementia
7.2	Dementia Service - Limerick. Evaluation process and prepare plan for dementia services in Limerick Region.	Oct 2006	A/CEO, Service and Policy Advisor on Dementia, Administrators
7.3	Mental Health – Dublin. Implement over a phased period the Policy Document on Mental Health	Dec 2007	A/CEO & Clinical Director, Senior Clinicians Group, Administrators
7.4	Mental Health - Limerick. Evaluation process and prepare plan for Mental Health services in Limerick Region.	Nov 2006	A/CEO & Clinical Director, Senior Clinicians Group, Administrators
7.5	Challenging Behaviour -Adopt and action the newly developed Service Guidelines on Challenging Behaviour. Development of local implementation and support teams around challenging behaviour.	Jul 2005 Dec 2006	A/CEO, Clinical Director, Director of Quality and Education
7.6	Autism Service – Establish a Committee to evaluate and make recommendations regarding autism services.	Nov 2005	CEO, A/CEOs & Committee
7.7	Older Person - Establish a Committee in each region to evaluate and make recommendations regarding development of specific programmes for the elderly.	CRS: Oct 2005  On Campus: Dec 2005	A/CEOs

**Objective No 8: The Service will be informed by the principle of integration when planning day and residential services.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
8.1	Production and Distribution of a Service Policy Statement on Integration	Nov 2005	A/CEOs, Administrators & Multi-disciplinary Managers
8.2	All potentially new residential service users will be supported in their own (family) home for as long as possible	Ongoing	Administrators & ADT teams.
8.3	Review (in the Dublin Region) the admissions criteria for the Service with particular reference to service users in the mild range of disability.	Sept 2005	A/CEO & ADT Team

**Objective No 9: The Service will develop a clear policy in relation to the provision of supports to school-going children.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
9.1	Establish a working group and develop a policy on provision of supports to school-going children.	Dec 2005	CEO, A/CEOs,

**KEY RESULT AREA 2 - WE WILL ENSURE MAXIMUM STAFF EFFICIENCIES WHILST RECRUITING AND RETAINING COMMITTED MOTIVATED AND WELL-TRAINED STAFF.**

**GOAL: TO BE AN EMPLOYER OF CHOICE.**

**Objective No 10: The Service, in partnership with staff, will promote optimum efficiency and effectiveness in the delivery of the services.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
10.1	Through a partnership approach, the Service will conduct a review and make recommendations, regarding appropriate staff structures and work practices.	July 2007	Director of Human Resources, Director of Quality and Education & Administrators
	See also Objective 27 – review of roles and job descriptions		

**Objective No 11: The Service will ensure that all staff are engaged in an effective Performance Development Review System.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
11.1	Introduction of training modules (managers and staff) on the Performance Development Review System.	Oct 2005	Director of Human Resources & Director of Quality and Education
11.2	Implementation of Performance Development Review System.	Jan 2006	Director of Human Resources & Administrators
11.3	Develop a Team-Based Performance Management System	Nov 2005	Director of Human Resources & Administrators
11.4	Establish training modules for team members and facilitators for the Team-Based Performance Management System	Jan 2006	Director of Human Resources & Director of Quality and Education
11.5	Implementation of a Team-Based Performance Management System	Mar 2006	Director of Human Resources & Administrators

**Objective No 12: The Service will ensure that exit interviews are conducted routinely and that all information is analysed.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
12.1	Development of a comprehensive exit interview process.	Nov 2005	Director of Human Resources

**Objective No 13: The Service will support staff, wherever possible, in their requests for flexible working conditions.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
13.1	Development of Service wide and Centre specific guidelines regarding flexible working conditions.	Dec 2006	Director of Human Resources & Administrators

**Objective No 14: The Service will, where possible, ensure that there is an appropriate career path for all staff.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
14.1	Review and recommend career path systems for all relevant personnel.	Dec 2007	Director of Human Resources & Administrators

**Objective No 15: The Service will develop comprehensive strategies /approaches for the recruitment of staff.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
15.1	Proactive and continuous campaigns for the recruitment of staff.	Ongoing (six monthly reports to CEO)	Director of Human Resources & Administrators
15.2	Examination and production of recommendations regarding creative approaches for the recruitment of multi-disciplinary staff.	Dec 2005	Director of Human Resources, Administrators & MDT
15.3	Build relationships and formal links with local and national universities to promote Service and career opportunities for students.	Ongoing (six monthly reports to A/CEOs)	Multi-disciplinary Managers
15.4	Evaluation and recommendations regarding the possibility of recruiting alternative grades of staff, within the multi-disciplinary function.	May 2006	A/CEOs & Multi-disciplinary Managers

**Objective No 16: The Service is committed to the Continuous Professional Development and Training of staff.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
16.1	Review of financial allocation for training and education within other Intellectual Disability Service Providers.	June 2006	Director of Quality and Education
16.2	Training needs analysis for all staff.	Dec 2005	Director of Quality and Education
16.3	Analysis and recommendations regarding on-site 'for-profit' courses/training modules for other health care providers.	June 2006	Director of Quality and Education

**Objective No 17: The Service will engage in appropriate intellectual disability research projects.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
17.1	Audit to assess internal interest and proposals for research programmes.	Dec 2005	Director of Quality and Education
17.2	Examination of and recommendations to attract public or private investment to Service research.	June 2006	Director of Quality and Education

**Objective No 18: The Service is committed to assisting in team-building and motivation of staff.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
18.1	Proactive approaches to and examination of team building within each centre.	Ongoing (six monthly reports to CEO)	Director of Human Resources, Director of Quality and Education and Administrators
18.2	Development of Service-level team-building programme.	March 2006	Director of Human Resources, Director of Quality and Education and Administrators
18.3	Establishment of committee to evaluate and make recommendations in relation to staff benefits.	May 2006	Director of Human Resources

**Objective No 19: The Service will increase the Volunteer Base.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
19.1	Assessment of how best to utilise volunteers within each centre.	Dec 2005	Assistant CEOs, Administrators
19.2	Examination of the requirement for a volunteer co-ordinator within each region.	Dec 2005	Assistant CEOs, Administrators

**KEY RESULT AREA 3: WE WILL CONTINUE TO MAKE EFFICIENT AND EFFECTIVE USE OF OUR FINANCIAL RESOURCES.****GOAL: FINANCIAL RESPONSIVENESS & TRANSPARENCY****Objective No 20: The Service will make every effort to increase the funding base through both traditional and innovative approaches.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
20.1	Discussion and negotiation with Health Service Executive to increase core-funding base.	Ongoing	CEO, Director of Finance Assistant CEOs
20.2	Support and encouragement of all fundraising associations and organisations.	Ongoing (Annual reports to CEO)	Assistant CEOs, Director of Finance, and Administrators
20.3	Establishment of an expert group to explore options, and make recommendations regarding creative funding approaches.	Feb 2006	A/CEOs and Director of Finance

**Objective No 21: The Service will demonstrate clear accountability and equity for all resources.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
21.1	Development of agreed costing system to ensure the equitable distribution of resources.	Nov 2006	Director of Finance
21.2	Introduction of a cost-centred approach to budgeting and service delivery.	Jan 2007	Director of Finance

**Objective No 22: The Service will continue with arrangements to devolve budgets to appropriate levels.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
22.1	Production of a framework for devolving budgets within each Centre.	Nov 2005	Director of Finance

**Objective No 23 : The Service will make financial training and support available at an appropriate level for relevant managers.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
23.1	Introduction of financial training modules and support systems for all managers.	Jan 2006	Director of Finance, Director of Quality and Education

**Objective No 24: The Service will put in place an agreed system and framework for the prioritisation and allocation of new and emergency funding (revenue and capital) as agreed by the C.E.O. and the Executive Team.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
24.1	Identification and prioritisation of capital and revenue requirements outside of existing budgetary framework for each Centre. Refer to Objective 29.1.	Feb each year.	Director of Finance, Assistant CEOs, Director of Logistics and Administrators

**Objective No 25: The Service will, where practicable, introduce a shared services procurement policy.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
25.1	Examination and cost benefit analysis regarding a centralised purchasing and procurement policy.	June 2006	Director of Finance

**KEY RESULT AREA 4: WE WILL CONTINUE TO DEVELOP AND PROMOTE AN EFFECTIVE MANAGEMENT STRUCTURE.**

**GOAL: TO EMPOWER MANAGERS AT LOCAL LEVEL TO PLAN, DEVELOP, COORDINATE AND MONITOR SERVICES.**

**Objective No 26: The Service will conduct a review of management structures at Centre level.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
26.1	Review and recommendations regarding management structure within each Centre.	Jan 2007	Director of Human Resources, Administrators

**Objective No 27: The Service will complete a review of staff job descriptions to ensure that they are all relevant and descriptive of the current environment.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
27.1	In partnership with staff, all job descriptions will be reviewed and amended as appropriate. Linked with Objective 26.1.	June 2007	Director of Human Resources & Administrators

**Objective No 28: The Service will encourage and empower management and staff at all levels to take ownership of the Strategic Plan.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
28.1	Launch and briefing of Strategic Plan for staff.	Aug 2005	Assistant CEOs

**Objective No 29: The Service will introduce, develop and support the implementation of an annual plan for each Centre within the organisation.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
29.1	Develop Annual Centre Plans.	Feb each year. Refer to 24.1	Executive Team and Administrators

**KEY RESULT AREA 5: WE WILL CONTINUE TO IMPROVE OUR SYSTEMS OF COMMUNICATION.**

**GOAL: TO COMMUNICATE AND CONSULT EFFECTIVELY WITH KEY STAKEHOLDERS.**

**Objective No 30: The Service will communicate and consult effectively with all service users.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
30.1	Design of an agreed system to facilitate the collation and dissemination of information to parents, staff and the Executive Team, from the person-centred approach. See also Objective 3 - Advocacy.	Dec 2008	Director of Quality and Education, Administrators

**Objective No 31: The Service will communicate and consult effectively with all parents and family members.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
31.1	Establishment of consultative fora within each Centre.	Oct 2005	Administrators
31.2	Development of a mechanism to evaluate the effectiveness of the consultative forums.	Mar 2006	Assistant CEOs, Director of Quality and Education, Administrators
	See also Objective No 2 – Working in partnership with stakeholders.		

**Objective No 32: The Service will communicate and consult effectively with all staff.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
32.1	Development and publication of the communication charter.	Sept 2005	Director of Quality and Education
32.2	Implementation of the recommendations from communication charter.	Mar 2006	Director of Quality and Education, Administrators

**Objective No 33: The Service will communicate and consult effectively with all external agencies.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
33.1	Liaison and partnership approach to service delivery with the Health Service Executive and all external agencies.	Ongoing	CEO, Executive Team

**Objective No 34: The Service will conduct a review of present Management Information Systems.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
34.1	Review of existing management information systems within the Service.	June 2006	Assistant CEOs, Administrators
34.2	Introduce new Management Information Systems as necessary.	Ongoing (six monthly report to CEO)	Assistant CEOs, Administrators

**KEY RESULT AREA 6: WE WILL HAVE APPROPRIATE PHYSICAL INFRASTRUCTURE AND FACILITIES FOR BOTH SERVICE USERS AND STAFF.****GOAL: APPROPRIATE FACILITIES FOR ALL.****Objective No 35: The Service will ensure that all new buildings and renovations to older buildings comply with all relevant statutory regulations and associated codes of practice.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
35.1	Ensure mobility and access standards are fulfilled for all new buildings.	Ongoing	Director of Logistics
35.2	Evaluation, costing and recommendations required for additional works to older buildings.	June 2006	Director of Logistics

**Objective No 36: The Service will prepare a capital investment plan for each region based on priority issues and will endeavour by every means to acquire funding for these projects.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
36.1	Development of a capital investment plan for each region.	Sept 2005	Assistant CEOs, Director of Logistics, Administrators

**Objective No 37 : The Service will ensure that maintenance plans are developed at each centre.**

	<b>Action</b>	<b>Completion Date</b>	<b>Responsibility</b>
37.1	Development of a Preventative Maintenance Programme.	Ongoing (six monthly reports to CEO)	Director of Logistics, Administrators, Maintenance Managers

## CHAPTER 11

### IMPLICATIONS OF IMPLEMENTING THE PLAN

- 11.1 In line with the National Health Strategy (Quality and Fairness, 2001), the Strategic Statement of the Daughters of Charity Service sets out an ambitious programme of development and reform.

Throughout the Strategic Plan we are aware of the importance of implementation and, as such, the detailed action plans in Chapter 10 demonstrates specifically how our goals will be achieved and the individuals responsible and accountable.

This approach of detailing action plans and timeframes will facilitate monitoring of progress, not only for senior managers responsible for the planning and development of services, but also for all stakeholders. Ginter et al (2002, p. 313) state “Strategy implementation deals with putting strategies to work”. Therefore, it is envisaged that the following approaches will put our Strategy to work and ensure implementation and, ultimately, an improved Service for individuals with an intellectual disability.

- 11.2 **Dissemination of Strategic Plan.** Once the Strategic Plan has been approved by the Board of Management and launched by the Service, members of the Strategic Planning Committee will visit each centre and communicate and clarify this shared vision with service users, parents and families, and staff. This process will be completed by August 2005.

The Strategic Plan will be available at all Centres, in all areas and units and on the Service website at [www.docservice.ie](http://www.docservice.ie). A summary of the Strategic Plan will distributed to all families and staff.

- 11.3 **Implementation Team.** In terms of monitoring the implementation and progress of the Strategic Plan, the Board of Management and the Service executive have agreed that members of the Service Co-ordinating Committee will be responsible for implementation of the Plan.

A lead person will be tasked with initiating, co-ordinating, and steering each objective to a successful conclusion within the timeframe indicated. The A/CEOs will be tasked with co-ordinating, monitoring and reporting to the Service Co-ordinating Committee on progress or difficulties encountered around each objective.

The Service Co-ordinating Committee will:

- Drive the implementation of the Strategic Plan, and maintain the momentum for change.
- Coordinate and monitor specific action plans.
- Prepare an annual progress statement that will be available to all stakeholders.
- Facilitate resource allocation in a systematic way to ensure the success of specific strategic goals and actions.
- Coordinate and formalise evaluation of the Strategic Plan.
- Keep the Board of Management and the Service Executive apprised of all developments.

- 11.4 **Resource Implications.** The Strategic Planning Committee recommends that every effort should be made to implement every aspect of the Strategic Plan within a five-year timeframe.

The Committee are very aware that this Plan will only be successful if parents/families and staff are fully supportive, and if the Health Service Executive fund the plan in its entirety. Implementation of many aspects of the Plan will be dependant upon additional financial resources however we recognise that some strategic decisions might be funded through the better utilisation of existing assets.

At this stage in the process the Strategic Planning Committee are unable to accurately cost the full implementation of all aspects of the plan. In the coming months the Implementation Team will quantify in detail both the capital and revenue required. A shortage of resources however, either human or financial, should not detract from all involved in attempting to achieve this shared strategic vision for the Service.

- 11.5 **Involvement of Wider Stakeholders.** Since strategy very often requires an evaluation and a change in the way things are done, it follows that communication and organisational culture may also have to change (Boyle, R, et al, 2000, pp.25-26). All stakeholders have an important role at the implementation stage of this strategy and we have therefore set out the following actions to formalise links and a partnership approach.

**Service Users:** *Objectives 1, 3 and 30 and associated action plans.*

The development of the person-centred approach will ensure that each service user is placed at the centre of service delivery. In addition, to protect and ensure this partnership with service users, the Service will examine the role of advocacy groups.

**Parents and Families:** *Objectives 1, 2 and 31 and associated action plans.*

The Consultative Fora, which will be established by October 2005, will be used as a means to involve parents, relatives and friends of service users.

**Staff:** *Objectives 2, 11, 28, 32 and associated action plans.*

What is required from staff in relation to the implementation phase, is for all staff to take ownership of the Strategic Plan. As stated above, among other considerations, the success of the Plan is dependant on the co-operation of staff.

**Health Service Executive:** *Objectives 2 and 33, and associated action plans.* The Strategic Plan affords the Service the opportunity to explain to the Health Service Executive (HSE) our plan for the future, and to demonstrate again the requirements and changing needs of the Service. Throughout the implementation phase, we will be involving the HSE in discussions around a more meaningful partnership arrangement for the future.

- 11.6 **Changing the Plan – Facilitating Change.** The Strategic Plan of the Daughters of Charity Service has been developed by the Committee through consultation, in-depth experience and examination of the Service at this time. However, although we aim to ensure implementation through the above approaches, the Committee is aware that this Statement must not become an inflexible product.

At times strategic direction will have to change and alter from the actual Strategic Plan as a required response to unforeseen environmental or organisational needs. Therefore, in the annual progress report, achievements will be related to action plans *and* to services as a whole and deviations from and additions to the Plan will be highlighted and explained.

- 11.7 **Evaluation.** Prior to the end of the life of this Plan and in advance of the development of a new plan the Implementation Team will conduct a review of the strategic planning process, evaluate the success of this plan and make recommendations to the Board of Management/ Executive on the development of a future plan.

**BIBLIOGRAPHY:**

- Boyle, R., Flemming, S., 2000. *“The Role of Strategic Statements”* Dublin: Institute of Public Administration.
- Department of Health and Children 2002 *“Action Plan for People Management”*- Dublin
- Department of Health & Children Disability Bill 2004
- Education for Persons with Special Education Needs Act 2004
- Enhancing the Partnership Agreement of 1991
- Ginter, P., Swayne, L.E., Duncan, W.J., 2002. *“Strategic Management of Health Care Organisations”* Oxford: Blackwell Publishers Ltd.
- Harmon Report
- Kendrick, M. (2002) *Regional Advocacy Conference*, Eastern Regional Health Authority, Dublin and Department of Health (2001) *Valuing People – A New Strategy for Learning Disability for the 21<sup>st</sup> Century – White Paper – NHS Publication.*
- National Federation of Voluntary Bodies 2005-2008 *“Analysis of Need for Services & Supports For People with Intellectual Disability”*
- NDA Standards
- Needs & Abilities 1991 – *“A Policy for the Intellectually Disabled”*
- Quality and Fairness *“A Health System For You”* Department of Health and Children. 2001.
- Sustaining Progress 2003-2005– *“Social Partnership Agreement”*
- The Health Service Reform Programme June 2003

## **GLOSSARY OF TERMS**

### **Challenging Behaviour**

Behaviour of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities (Emerson,1995).

### **Continuing Professional Development**

Ongoing post-graduation training and updating of skills and knowledge for professionals.

### **Early Intervention**

The early identification of the developmental needs of the child and the planning and provision of appropriate services to respond to these needs.

### **Early Services Multi-disciplinary Team**

The team of professionals involved in co-ordinating services to the child and family.

### **Health Service Reform Programme**

The Health Service Reform Programme, announced in June 2003, represents the most ambitious programme for change for the Irish Health Services since the establishment of the Health Boards 35 years ago. The Reform Programme addresses a range of structural, organisational, financial, systems and management reforms to help modernise the health services so that they can provide more effectively and efficiently for the needs of patients. Additional information is available on the Health Service Reform Programme's web site at [www.healthreform.ie](http://www.healthreform.ie).

**Integration** means developing a reciprocal relationship between the person and the community. It involves a process of engagement with the person and the community, (including the people involved in the person's relationship system such as family, staff etc) in order to create an optimum environment for the person to lead as normal and satisfying a life as possible within their communities.

### **Key Result Areas**

The Key Result Areas for the Service are those areas which we must address, and improve on, in order to ensure we meet the needs of our service users and that we continue to be a leading service provider in the coming years. The Key Result Areas and their objectives do not stand alone, but are interconnected and in many instances, depend on one another for successful completion. There are 6 Key Result Areas identified within the Strategy document.

### **Key Stakeholders**

The Key Stakeholders of the Daughters of Charity Service are all those individuals, groups and organisations that have an input / interest into the service. Examples would include the service users and their families, the staff, the Board of Management, the Community of the Daughters of Charity, the Health Service Executive and the Department of Health and Children.

### **NAMHI**

National Association for People with an Intellectual Disability

### **NDA**

National Disability Authority

### **Person-centred Planning**

Planning for the individual needs of each service user in consultation with the service user or their advocate.

### **Service Executive**

The Chief Executive Officer of the Daughters of Charity Service is supported by a Central Management Team within which he/she has a number of Functional Officers who make up the Service Management Executive as follows: Director of Mission Integration, Director of Finance, Director of Quality and Education, Director of Human Resources, Director of Logistics, Assistant CEO (Dublin), Assistant CEO (Limerick), Clinical Director (Dublin), Clinical Director (Limerick).

### **The Service**

Daughters of Charity Service for Persons with Intellectual Disability.

## **Appendices**

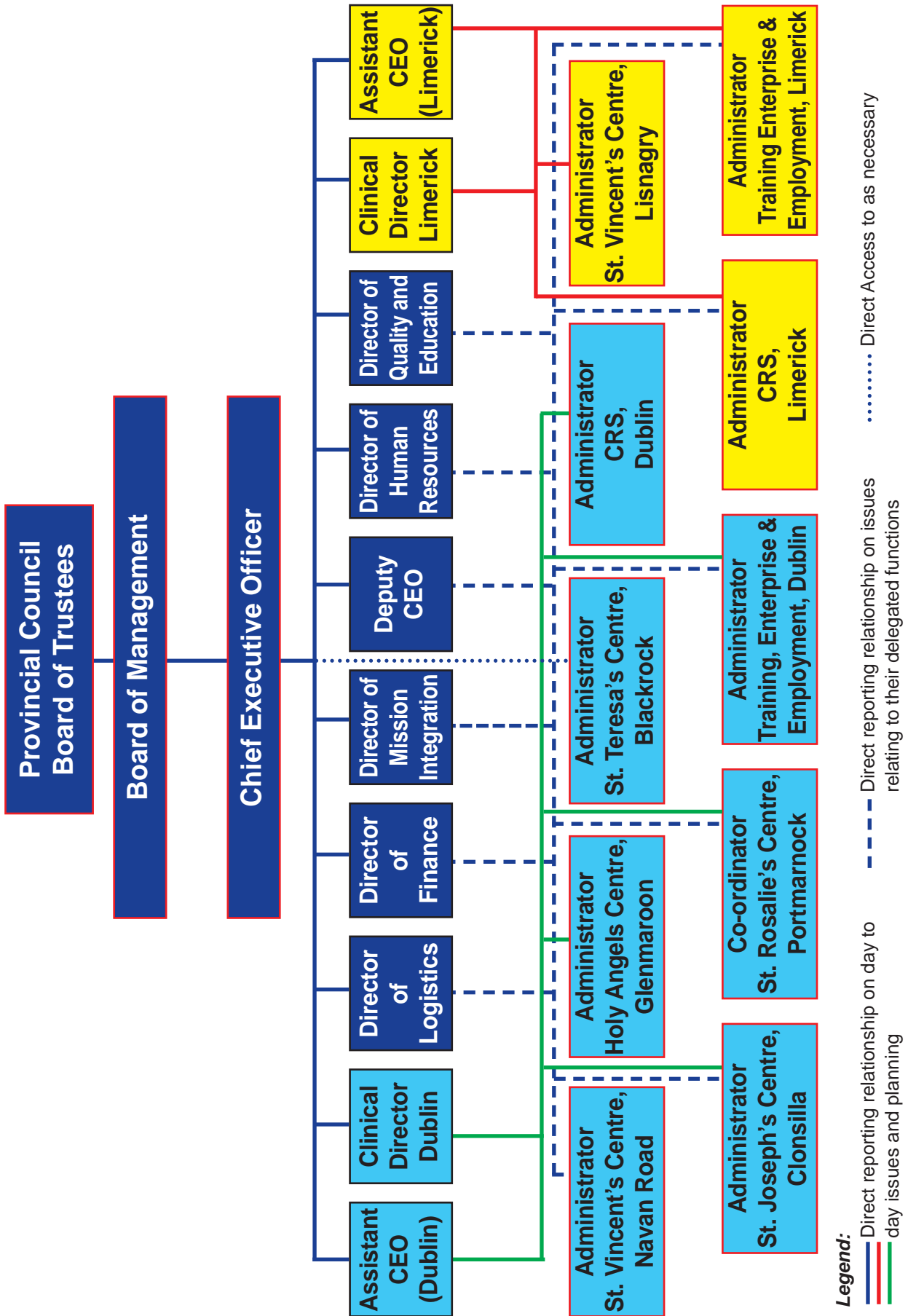
Appendix A: Organigram

Appendix B: Some funding and staff issues

Appendix C: Establishment of Strategic Planning Committee

Appendix D: The Key Principles that underpin Person-centred planning in the Daughters of Charity Service

Appendix A



Appendix B

## SOME FUNDING AND STAFF ISSUES

The following are some of the funding and staff issues which affect service delivery and which the Service is constantly bringing to the attention to the Health Service Executive.

**Core Funding Deficiency** – Our core budget is inadequate to provide the quality of service, which we would aspire to provide for all of our service users. If all of our full time staff were employed throughout the whole year we would not have sufficient funds to operate without developing a significant deficit. Added to this difficulty is the fact that the core funding of the Service is reducing/being eroded annually by the inadequate provision of additional funding to address:

- a) **Inflation** – both general and medical inflation.
- b) **Increased Insurance Costs.** This was a separate inflation issue in 2001 and 2002 but has levelled off in 2003/2004. However the impact of 2001/2002 is still with us and has not been addressed.
- c) **Incremental Pay.** Many of our staff are due a pay increment on an annual basis. The Department of Health and Children through the Health Service Executive does not increase the core budget sufficiently to cater for these increments. The amount allocated to the Service is about one third of the actual requirement.
- d) **Value for Money Savings.** In recent years the Health Boards (on instruction from Department of Health) have introduced arbitrary value for money saving cuts without any discussions with the Service Provider. These cuts reduce the already inadequate core budget.

**Inadequacy of Current Staff Complement.** The current staff complement (number of posts) is not adequate to provide anything close to a comprehensive service and the complement badly needs to be increased. The Health Service Executive does not fund or allow us to increase our staff complement.

**Enforced Ceilings to the Staff Compliment.** In the last three years the Health Boards each year have insisted that the Service should not fill to our staff complement. This is part of the Department of Finance's plan to reduce public service numbers. This arbitrary imposition of ceiling on staffing levels is very significant in terms of staff retention, increased stress levels and inadequate/inappropriate levels of care to many residents and day attenders.

**Harmon Report.** In an independent assessment undertaken by Tony Harmon on behalf of the Department of Health and Children in 1999 it was assessed that the Service required an additional 73.33 posts in the Dublin region and 34.8 in the Limerick region. All of the Limerick posts have been put in place however to date, funding provided has allowed us to introduce only 30.13 of the posts in Dublin with 43.2 still to be funded at a cost of approximately €2.2 million based on July 2004 pay scales. There has been no indication lately that the Department will provide the funding for these posts.

**Service Users' Changing Needs.** In recent years some funds have been made available from the Health Service Executive under what is known as New and Developing Funds. This money has been made available to develop new services for school children or emergency residential places. Unfortunately no additional funds have been made available to address the changing needs of existing day and residential service users. Many of these existing service users are advanced in years and have significant additional needs. The issues to be addressed include:

- a) Higher nursing care;
- b) Dementia/Alzheimer's Disease;
- c) Increasing costs of medication and medical appliances;
- d) In recent screening for autism the estimated figure of persons with autism getting a service, albeit, an inadequate service is 100 with close to 200 showing up with autistic tendencies in the screening process.
- e) Loss of mobility resulting in increased demand and cost of medical aids and appliances such as: Hi-low bath, special beds, mobility aids etc.

**Delay in Sanctioning New Posts.** As mentioned above some funding has been made available in recent years for New and Developing services. This money is invariably required to employ new staff. Although the Service Providers are allocated the funds it can take from 1 to 2 years before the Department of Health and Children will sanction the filling of the posts.

**Locum Staff.** The Service employs some staff in a locum status to provide cover for maternity and long-term sick leave. These locum staff add significantly to the overall budget costs yet no allowance is provided by the Health Service Executive to pay for them thus placing added pressure on the core budget.

**Leave.** A number of recent Directives and reports including the Commission on Nursing and EU Directives on Parental Leave have recommended additional leave entitlements for employees. Once the Department accepts these reports it becomes mandatory that these entitlements become available to staff. Unfortunately agencies like the Service are not compensated in any way for the loss in staff time and this has a significant effect on service delivery in any given year.

## Appendix C

## ESTABLISHMENT OF THE STRATEGIC PLANNING COMMITTEE

Distribution Below

### Strategic Planning Committee

- 1 It is essential that an organisation such as the Daughters of Charity Service should have a Strategic Plan in order to ensure that it has a clear focus on its primary purpose and that it aligns its resources appropriately in order to provide an effective and efficient service. Encouraged by a number of internal and external change factors I have commenced the process of developing a detailed five-year Strategic Plan for the Service. The Strategic Plan will embrace a total Service remit and will be undertaken by a Strategic Planning Committee made up of members of the Service Executive, Administrators and members representing the Community of the Daughters of Charity and/or Board of Management. The outcomes of the Strategic Plan will be to identify the goals, strategies, and action plans necessary to enable the Service deliver services in accordance with our mission and policy statements, and to conform where applicable to National Standards and Codes of Practice
- 2 The Strategic Planning Committee will be comprised of the following:

<b>Name</b>	<b>Appointment</b>	<b>Role</b>
a. Denis Cronin	Assistant CEO, Dublin	Chairperson
b. Liz Reynolds	Assistant CEO, Limerick	Deputy Chairperson
c. Kay Downey Ennis	Director of Quality and Education	Member
d. Dympna Gibbons	Director of Human Resources	Member
e. Sr. Bernadette McGinn	Administrator, CRS Limerick	Member
f. Sr. Marian Harte	Administrator, St. Vincent's Centre, Navan Road	Member
g. Sr. Zoe Killeen	Administrator, St. Joseph's Centre, Clonsilla	Member
h. Maureen Dunne	Administrator, Training, Enterprise & Employment, Dublin	Member
i. Sr. Mary O'Toole	Administrator, Holy Angels, Glenmaroon	Member
j. Ms. Barbara Cullinan or Ms. Suzanne Hanway	Principal Social Worker/Dublin Head OT Department/Dublin	Member
k. Ms. Deirdre Taylor	Clinical Representative, Limerick	Member
l. Mr. Fergus Dolan	Community of Daughters of Charity	Member
m. Sr. Rita Yore	Board of Management	Member

- 3 Terms of Reference.  
The Strategic Planning Committee will identify what a comprehensive service, as referred to under 'Mission accomplishment' of the Policy Document, entails based on an analysis of the requirements of our current and potential service users. The Strategic Planning Committee will conduct a situational analysis of the organisation and from that will identify key areas to be addressed by the Plan. In developing the Plan the Committee should:
  - a. Examine client profile now and as potentially projected over the next five years.
  - b. Estimate potential new referrals and needs with reference to the last five years.
  - c. Identify Service requirements for various day, residential and respite services (based on client profiles and needs in both centre-based and community-based settings).

- d. Identify the requirement for specialised services in areas such as old age, dementia, mental health, autism and various forms of difficult behaviours.
  - e. Identify the need for change within the Service. Consider cultural and technical capacity to meet any required changes and identify goals and implementation frameworks to ensure cultural and technical re-orientation as required.
  - f. Determine what development projects will require to be undertaken to enable the delivery of these comprehensive services.
  - g. Determine what adjustment to staffing levels is required to deliver services in line with the Strategic Plan and the phasing of these changes in accordance with the progress of the delivery of the Plan.
  - h. Determine, with the required input from both Financial and Logistics sections of the Service Executive, both the capital and revenue costs of implementing the Plan.
- 4 In the course of its work the Strategic Planning Committee will:
- a. Be guided by the Service Mission Statement and Mission Accomplishment.
  - b. Statement as outlined in the revised guided by best practice.
  - c. Refer as necessary to existing expertise in the service and the work of various Review and Working Groups that can feed into and inform the planning process.
  - d. Cause to have established, where necessary, consultative groups to examine and make recommendation on specific areas of service development.
  - e. Have regard to the Health Reform Programme arising from the Health Strategy.
  - f. Consult as necessary with external agencies, both statutory and voluntary.
  - g. During the course its work, report back to the Service Executive on progress or for direction/guidance.
  - h. Engage as necessary the services of a Management Consultant to facilitate the process for a number of days at the outset.
  - i. Ensure that all proposals and recommendations are in line with best practice internationally.
- 5 The involvement of representation from both the Congregation of the Daughters of Charity and the Board of Management of the Service will ensure that all interested partners are fully informed.
- 6 The Strategic Planning Committee will commence work on 18th October and will present its report not later than the first week of February 2005.
- 7 Detailed consultations will be engaged in the implementation of the plan.

Signed this the 19th day of October 2004

Yours sincerely

Walter Freyne  
Director of Services

Distribution:

Sr. Catherine Prendergast DC, Provincial & Chairperson of Board of Management  
Members of the Board of Management  
All members of the SCC.

Appendix D

THE KEY PRINCIPLES THAT UNDERPIN PERSON-CENTRED PLANNING  
IN THE DAUGHTERS OF CHARITY SERVICE.

Every service user will be central in all aspects of their life.

All service systems work collaboratively to provide a holistic approach to each service user.

Each service user's life is based on his or her dreams, strength and capacities.

People important to the service user will be involved with their life.

Service users' needs will be responded to in a flexible and dynamic manner.

Each service user's quality of life will be enhanced through the person-centered planning approach.

Every staff member in the organisation subscribes to person-centeredness.

Equity and fairness will be the cornerstone of the person-centred approach.

