

From: John Townson
Trusts and Human Resources

22 OCT 1998

Daol10.

Date: 2nd October 1998

Dr Campbell
Dr Morrow
Miss Hill
Dr Mc Coy
Miss Dixon
Mr Conliffe
Mr Mc Gahan
Mr Grzymek
Mrs Mc Ardle

Miss Farfoot 2/10
*Additional G.P. workload and drug costs have not been
costed / included in the reports. If Mr. Mc Gahan decides
to mount an in year bid, we may need to try to estimate
additional workload and drug expenditure.*

*John
2/10*

RECOVERY PLANS RELATING TO THE AFTERMATH OF THE BOMB IN OMAGH.

Please find attached a copy of the above reports which were recently sent to Mr Simpson from Sperrin Lakeland HSS Trust and the WHSSB. The reports outline the action required to assist the community of Omagh on their path to recovery.

You will note that both reports quote costs for such action. A breakdown of these costs into short and medium term expenditure is given by Sperrin Lakeland and the WHSSB. However the WHSSB have also given figures which they predict for the longer term.

It should be noted that in comparing the costs (£000's) for the short/medium term the WHSSB quote a total of £2124 and Sperrin Lakeland quotes £2455 making a difference of £331. This can be explained by the fact that the WHSSB have treated some costs as long term expenditure and therefore have not included the same in their short/medium term total.

I would ask for your comments on aspects relevant to your area of expertise to be submitted by close of play **Wednesday 7th October 1998**. In particular I would ask for Mr Mc Gahan's opinion on the availability of additional in year funding or to be advised of the need to submit a separate monitoring bid.

I apologise for the rather tight deadline.

PP Maureen Johnston

JOHN TOWNSON
Deputy Director Ext. 24474

OMAGH BOMBING
THE RECOVERY PLAN

The contribution required from Health and Social
Services to enable the rehabilitation and recovery of the
Omagh Community from the Bomb on
15th August 1998



15 September 1998



Health and Social Care Trust

EXECUTIVE SUMMARY

This reports details the Health and Social Services response in the aftermath of the Omagh bombing. The Trusts objectives include the need to provide specific and targeted services to address identified individual and community need. This will include addressing the psychological problems, the problems posed by disability and disfigurement, providing rehabilitatory services as well as domiciliary and respite care.

The report recommends the setting up of a Trauma and Recovery Team to act as a spearhead for the Trust's services at a cost of £291,000.

The report also addresses staff support including supplementing existing occupational health services and staff training at a combined cost of £69,000.

The report also recommends a modest refurbishment to improve rehabilitation facilities at a cost of £100,000.

The resources required to respond to the short to medium term needs of the victims have been divided into two areas:-

- (i) those costs already incurred and projected for hospital inpatients in specialist hospitals.

	<u>£000</u>	<u>Reference</u>
Sperrin Lakeland	231	Appendix (2)
Other Trusts	816	Appendix (3)
TOTAL	1047	

- (ii) the costs incurred in setting up the trauma and recovery team, staff support, the rehabilitation facility and the psychological and social care inputs.

	<u>£000</u>	<u>Reference</u>
Medium Term Hospital and Community Care	109	Appendix (4)
Trauma Team	291	Appendix (6)
Community Psychological	309	Appendix (7)
Voluntary Organisations	200	Appendix (8)
Replacement of One third Bomb Related Staff Absences	190	Paragraph 5
Staff Support	69	Paragraph 5.1 & 5.2
Rehabilitation Facility	100	Paragraph 6
Research and Project Co-ordination	140	Paragraph 8
TOTAL	1408	

A third important area regarding longer term and recurring costs of care packages is discussed in paragraph 3.4. However, due to lack of detail on the long term prognosis costs have not been included. These are continuing to be assessed and will be included in a follow up submission.

The report has been prepared by the Trust with the close co-operation of Senior Officers from the Western Health and Social Services Board.

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1. INTRODUCTION

This document has been drafted as a direct response to a request by Dr. Marjorie Mowlam, Secretary of State, to Mr. H. Mills, Chief Executive, Sperrin Lakeland Health and Social Care Trust and is addressed to Mr. Clive Gowdy, Permanent Secretary Health and Personal Social Services and copied to Mr P Simpson, Chief Executive, HPSS and Mr John McConnell at the Northern Ireland Office in his co-ordinating role addressing the aftermath of the Omagh bombing.

The paper relates the response of the Health and Social Care Services to the horrendous bombing of Market Street, Omagh on Saturday 15 August 1998 and the resources required to fully implement the response in the short to medium term.

The main purchaser, the Western Health and Social Services Board, has assisted greatly in compiling this response and will be closely involved in the roll out of the plans. The WHSSB supports the contents of the report and will be the appropriate organisation for dissemination of the funding.

2. CONTEXT OF THE EVENTS

The bombing has led to the deaths of 29 people and 2 unborn children. Twenty six families have been bereaved, three in Buncrana, two in Spain and 20 locally.

Over 380 were injured and have been admitted to hospital or attended for treatment (see appendix 1). Of that number about 60 have been significantly injured and at the time of writing, 6 remain critically injured.

Many others in the wider community have been affected, by for example:

- being present at the scene at the time of the explosion or shortly afterwards;
- being involved in the rescue, including the transportation of injured and dead people to hospital;
- being involved at the Tyrone County Hospital during the hours following the explosion;
- being involved in other hospitals who received the transferred patients;
- through being friends, school mates or work mates of those who have died and been injured;
- through the impact of the bombing on the staff of local businesses;
- through their distress at the impact of the bombing on the life and well-being of the Omagh community;
- through distress at the fact of the bombing or through the discussions that take place in the community about the details of the bombing and its consequences.

In response to this, the objectives of the Trust are:-

1. To support the existing natural family and community support mechanisms;
2. To sensitise the community and its constituent parts to the needs of individuals and the wider community;
3. To compensate for inadequacies in existing support mechanisms;
4. To provide specific and targeted services to address identified individual and community need (including, rehabilitatory, personal family and home care, day care, respite and residential or nursing home care, mental health and carer support services).
5. To work with other agencies, interests and individuals to assist with the tasks of community maintenance, restoration and development.
6. To bring to a satisfactory conclusion appropriate elements of our response and to integrate arrangements for those who require on-going support into the normal service arrangements.

3. ACUTE HOSPITAL AND COMMUNITY HEALTH CARE SERVICES

3.1. The financial impact of the Omagh bomb incident on the above services have been categorised as initial/short term (within 2 weeks), medium term (within 6 months) and long term (greater than 6 months). The assessment of need for patients has been undertaken by a range of Health professionals within the Sperrin Lakeland Trust based on information available to us at this time on the patients' conditions. Assumptions were then developed about the likely care packages which would be required for these patients based on experience of the requirements of patients with similar conditions/injuries.

Accordingly these are summarised below;

3.2. Initial and Short Term Expenses (Within first two weeks of incident)

- Excess hours worked by staff including care staff, administration, clerical, and contracted staff
- Goods and services costs
- Replacement of lost and damaged equipment.
- Treatment of patients not reporting to accident and emergency.

See appendix 2 for estimate based on actual costs to the Trust. However, some of these costs may not be complete until invoices for all ad-hoc labour and supplies have been received.

Appendix 3 details the likely additional costs that the Western Board may have to meet from Trusts other than Sperrin Lakeland.

3.3. Medium Term Response - Beyond The Initial Phase And Up To Six Months

Appendix 4 details the projected hospital in-patient and out-patient needs as well as contacts with G.P., Community and P.A.M.'s services.

The current G.P. prescribing profile is likely to change significantly over the next 6 months as victims are treated for the physical and psychological effects of the blast.

3.4. Longer Term Response - Beyond Six Months

Clearly there will be further long term repercussions for our community. Long term hospital care as well as community care packages are a distinct possibility with indefinite time spans. Care will be provided for those who are likely to have lifelong injuries and disabilities. Others will have long term injuries and disability but will be expected to improve or be amenable to rehabilitative care.

Rather than estimate these costs without the full facts, we decided to omit this costing. Once patient conditions and rates of recovery become more clear the Trust will identify the resource needs that require to be funded.

At this stage we would highlight that existing community packages of care for RTA victims with head injuries cost on average £800 per week and have been know to reach £1200 per week.

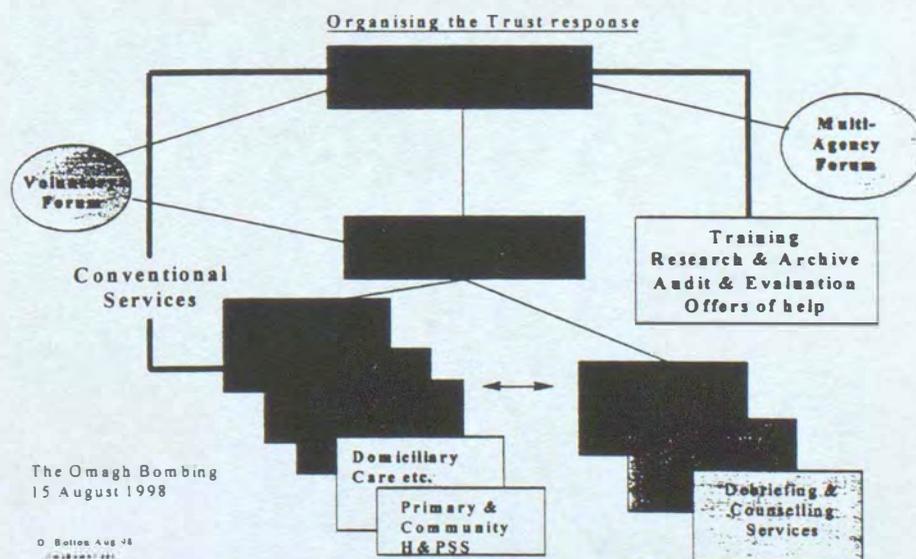
4. PSYCHOLOGICAL AND SOCIAL CARE SUPPORT TO THE COMMUNITY

4.1. Trauma And Recovery Team

Within days of the bombing and based on the early assessment of the task ahead, the Trust's Senior Management Team agreed the structures and strategy set out on appendix 5. This has involved the establishment of a community trauma team (See appendix 6). The objectives of this team include:

- Symbolically represent the Trust's response to the bombing;
- Act as the spearhead for the Trust services;
- Act as an easy point of access for the community to the full range of Trust services;
- Provide initial responses including assessment and services for people affected by the bombing;
- Proactively and appropriately refer to the Trust's conventional services;
- Coordinate the Trust's response with that of the voluntary sector;
- Stimulate appropriate initiatives in response to the bombing which will address health and social care needs;
- Collate information to inform decision making and to assist research and audit.
- Appropriately bring to an end the Trust's response in an agreed manner and timescale;

These arrangements should link within the Trust to existing arrangements and to other Trust responses and initiatives. A suggested model is set out below.



4.2 Other Psychological Support

It is clearly difficult to predict the demands on future services because these depend on the public referring themselves for service. We hope that by preparing both the public (via the leaflet distributed widely by mail drop) and health and social care professionals, voluntary groups and so on, that there will be a knowledge base about the psychological affects of the bombing. Given this situation, we believe it is more likely that individuals themselves, relatives, friends or professionals will refer for assessment and treatment should symptoms persist or become very severe. There is evidence that 10-30 per cent of those directly affected by the bomb will require further treatment for conditions such as Post Traumatic Stress Disorder. The Trust would need to increase its capacity to deploy additional psychological therapies for 18 months to two years.

4.3 Secondary Mental Health Services

There is also likely to be an increase in the care requirements of enduring mentally ill clients on current community mental health caseloads due to their susceptibility to suffer stress/trauma associated with the tragedy. Research would also indicate that there will be increased dependency on alcohol with a consequent rise in referrals to the addiction service. While Primary Care will deal with the great majority of individuals who require psychological interventions there will be an increased need for support, information and consistency from secondary mental health services. There will also be additional training, research and evaluation requirements.

4.4 Children Services

The Omagh bomb was characterised by the number of children and young people either directly injured or caught up in it. Research would indicate that children are three times more likely to suffer post traumatic stress reactions than adults. With this in mind, our Consultant Child and Adolescent Psychiatrist plans to undertake an assessment of the impact of the bomb on children combined with therapeutic intervention for the children affected.

The Trust response for school children will be co-ordinated with the Western Education and Library Board. The Boards additional resource needs are not yet available for inclusion in this document.

The cost of the Trusts psychological services is £309,000 (see Appendix 7).

4.5 Social Care Support

It is difficult at this stage to accurately identify the resources required. We know that a large number of the dead and injured were female, a number were the mothers of young children and many were children/young people. One can therefore assume that there will be considerable demands and stresses placed upon those families where the primary carer is absent or incapacitated or where considerable care is required for injured family members including young people. The Family and Child Care Programme will require an enhancement to its family aid budget in order to flexibly respond to anticipated demands for family support packages. Appendix 6 reflects a budget of £50,000 which would be drawn on dependent on immediate need. Charities and the Omagh Relief Fund will have a longer term role in this regard.

4.6 VOLUNTARY SECTOR SUPPORT

The support of the voluntary sector organisations has been significant. A voluntary sector forum has been set up as part of the Trauma and Recovery Teams co-ordinating role and includes nine voluntary organisations. Appendix 8 details the organisations and their estimate of additional costs.

5. STAFF SUPPORT

The need to support staff who have been exposed to significant stress or who may have experienced a range of emotional reactions due to the bomb has been actively addressed by the Trust. The Trust have already established a staff support service with professionals both inside and outside this organisation. As an initial response debriefing sessions were provided on both Tyrone County Hospital and the Erne Hospital site on a group and individual basis. Information leaflets on coping with the effects of trauma were distributed to all staff.

It is envisaged that the great majority of staff will not require any further specific interventions but it is also recognised that a number will have some difficulty in coping. In response to this need it is proposed to establish a locally accessible dedicated staff support project for 6 months after which time it will be reviewed and evaluated. It will be co-ordinated by the Occupational Health Department and will be delivered by an appropriate professional staff member e.g, Nurse, Senior Social Worker, Senior O.T. or Psychologist. The service will operate two days per week being available one day per week on the TCH site and one day on the Erne Hospital site. There will also be an outreach facility for staff unable to attend.

Additionally, it is estimated that the increased responsibilities will fall on Staff Side for at least a period of 18 months as they support staff. If a representative of Staff Side were to be seconded on a full time basis the cost of the Trust's contribution would be in the region of £15,000 per annum.

It is anticipated that the bombing will result in increased absenteeism and every one and a half percent increase in sick leave represents an opportunity cost of £580,000 to the Trust. However to avoid putting an unbearable level of pressure on those remaining at work at least a third of those absent will need to be replaced and this could cost the Trust a sum in the region of £190,000.

5.1. Training

Three levels of training are envisaged for community based health and social care staff in the Omagh Sector of Sperrin Lakeland Trust. Some training will also be provided to community leaders such as, councillors, community organisations and clerics. The three levels of training are as follows:

Level I All community based health and social care staff and some community leaders will receive basic trauma awareness training; that is, 370 staff and approximately 50 community leaders for a half day course.

Cost: = £5,700

Level II More advanced training in relation to trauma response and effective therapies for 100 staff selected by managers for 2 days duration. This is to facilitate these staff to work with bereaved and injured people.

Cost: = £6,000

Level III Specialist training for the Trust's Community Trauma and Recovery Team plus other core team staff, to enable them to fulfil their role in leading the Trust response of the bombing. In all, a total of 20 staff will be involved for 4 days duration.

Cost: = £5,400

Administration and mileage for above amounts £4,600

The total additional direct cost for training is £21,700 although there is a further opportunity cost to the Trust of £26,000 representing the time spent by staff attending the training.

5.2. Loss of Productivity

In the immediate period after the Omagh bomb, Sperrin Lakeland Trust cancelled the following hospital elective work:-

Out-patients	193
Day Cases	28
In-patients	26

Community Services have also been affected. Routine work and lower priority work was cancelled or re-scheduled (e.g. routine visits by community staff) to respond to the immediate needs, and to ensure that distressed people received the time they needed to discuss their concerns.

Productivity levels immediately after the bombing were high. However, the Occupational Health Consultant has research that states that staff performance can drop to 80% or less in the ensuing weeks and months. It is difficult to predict at this stage what impact a loss of productivity will have on the Trust's capacity to deliver on its original service targets or waiting list proposals.

6. REHABILITATION FACILITY

There are proven benefits to victims who receive rehabilitation delivered in a local setting, where they can remain part of their family circle.

The rehabilitation and integration back into the Community of the maimed and injured necessitates the refurbishment of existing facilities. This will create additional capacity in a high quality rehabilitation unit, which would address the shorter, medium and long term needs of the bomb victims. The refurbished facility would act as an essential focus for the Professions allied to Medicine especially Physio and Occupational Therapy.

This refurbishment represents the quickest and most cost effective means of increasing capacity and of optimising delivery of high quality rehabilitative services to ensure effective early rehabilitation and best outcomes. Within the concode guidance for works projects, the existing circumstances enable the Chief Executive of the Trust to issue instructions to commence the project. This authorisation has been actioned and estates staff estimate that a contractor will be on site within 4 weeks and complete the work in a further 6 weeks.

This facility will be a tangible recognition of the Tyrone County Hospital's role in caring for the injured at the outset of their trauma as well as better enabling the hospital to continue caring as the injured recover.

The cost of this project including equipment is estimated at £100,000.

7. FINANCIAL CONTEXT

The Trust is already experiencing cost pressures in the first quarter of this financial year with a budgetary overspending of £145,000 to June 1998. The variance when set against a turnover of £70 million is not significant and could be addressed by the Western Board, our main purchaser in its mid year review. However, allocation reductions of £900,000 for cash releasing in 1997/98 together with the need to reduce community care costs by £800,000 during 1997/98 has had direct detrimental affect on patient and client services and curtails the Trusts ability to respond to the needs of the injured within existing resources.

Where possible the Trust has reprioritised existing workload in the past few weeks to see to the needs of the bomb victims. To continue to do so would add to existing waiting lists for hospital and community services, domiciliary care services and nursing home places.

The Trusts bid for existing resources reflects only the additional marginal costs to enhance the services required to properly address the needs of the victims whilst also caring for the ongoing demand from the remainder of our community.

The approval to set up the response teams and services is urgently sought. All additional expenditure will be closely monitored and reported to the Project Team, the Executive and the Board. Thus any unutilised resources can be reallocated or returned.

8. EVALUATION AND REVIEW

It is intended to set up a project board and project team to oversee and co-ordinate the health and social care response as the months unfold.

It is important that an evaluation of the responses to the Omagh bombing take place and that the lessons learnt are available globally to assist others. It is felt that a sum of £100,000 should be set aside so that proper research can be conducted in conjunction with local universities.

Possible areas for research

- (a) Rehabilitation of disabled
- (b) Psychological care and intervention
- (c) Organisational issues
- (d) Development of instruments to assist with assessment of impact of major incidents
- (e) Health and Social Services contribution to wider community restoration

Appendix 1.

Table 1	Attendances at Casualty	Admissions from Casualty	Admissions subsequently transferred to other hospitals			
			Altnagelvin	RVH	Ulster	BCH
On Day of Bomb						
Tyrone County Hospital	198	69	14	23	2	2
TCH A&E t/f to Altnagelvin	11	11	11			
Erne Hospital	71	37		4	3	
South Tyrone Hospital	26	11				
Altnagelvin Hospital	30					
Further Casualties attending due to the incident						
Tyrone County Hospital	44					
Erne Hospital	2					
Totals	382	128	25	27	5	2
<i>NOTE: 11 of the 25 admissions to Altnagelvin were transferred directly from T.C.H., A&E Department.</i>						

Summary of inpatient destinations

Tyrone County Hospital	28
Erne Hospital	30
South Tyrone Hospital	11
Altnagelvin Hospital	25
RVH	27
Ulster	5
BCH	2
Total Inpatients	<u>128</u>

Treatment of Patients not reporting to Accident and Emergency

During the first 2 weeks, local General Practitioners have treated an additional 2000 patients who did not initially present at hospital as a result of the bomb. It is estimated that these patients will require a combination of a treatment room appointment, physiotherapy sessions, audiology assessments and counselling sessions.

SALARIES & WAGES - Cost During 'Emergency Period'

	<u>TCH</u>	<u>ERNE</u>	<u>TOTAL</u>
Nursing incl TFH	26,182	24,756	50,938
Medical incl TFH	12,914	7,160	20,074
Locum Consultant and SHO	6,000		6,000
Administration incl IT	7,604	2,829	10,433
Telephonists/Portering	878	695	1,573
Transport	310	139	449
Estate Services	2,000	1,400	3,400
Hotel Services		7,499	7,499
Social Services		8,670	8,670
Laboratory	1,874		1,874
Radiography excl. mang. costs	750		750
Pharmacy/CSSD	3,417	722	4,139

115,799

Goods & Services - Cost during 'Emergency Period'

X-ray	1,389
Transport	84
Travel	1,117
Telephones	864
Pharmacy	32,426
Supplies	1,329
Laboratory	3,000
Grand Total	40,208

The G.P. response to the bombing involved 29 G.P.s for 420 hours over the weekend of the 15th and 16th August 1998 and for the purposes of this paper has not been costed.

COST SUMMARY

Goods & Services	40,208
Salaries & Wages	115,799
Lost, damaged equipment	75,000
GRAND TOTAL	231,007

Omagh Bombing

Costs Incurred by Providers Other than Sperrin Lakeland

	Short	Medium	Long (pa)	Total	
Ulster	66,729	115,508		182,237	
Royal	161,073			161,073	
NIAS	150,000			150,000	
NIBTS	44,500			44,500	
ArmDun	18,000	10,000	10,000	38,000	
BCH	31,337			31,337	
Altnagelvin	86,605			86,605	
Foyle				15,000	
GreenPark		106,950		106,950	
	<u>558,244</u>	<u>232,458</u>	<u>10,000</u>	<u>815,702</u>	TOTAL

These figures provided to the Western Health and Social Services Board are exclusive of inpatient costs incurred by Sperrin Lakeland Trust.

NOT INCLUDED IN COSTING

Royal have also made a bid for lost income due to cancelled elective surgery

17	110,500
10	30,000
8	16,000
	<u>156,500</u>

BCH have made a bid for costs incurred when they took over the take-in rota from RVH

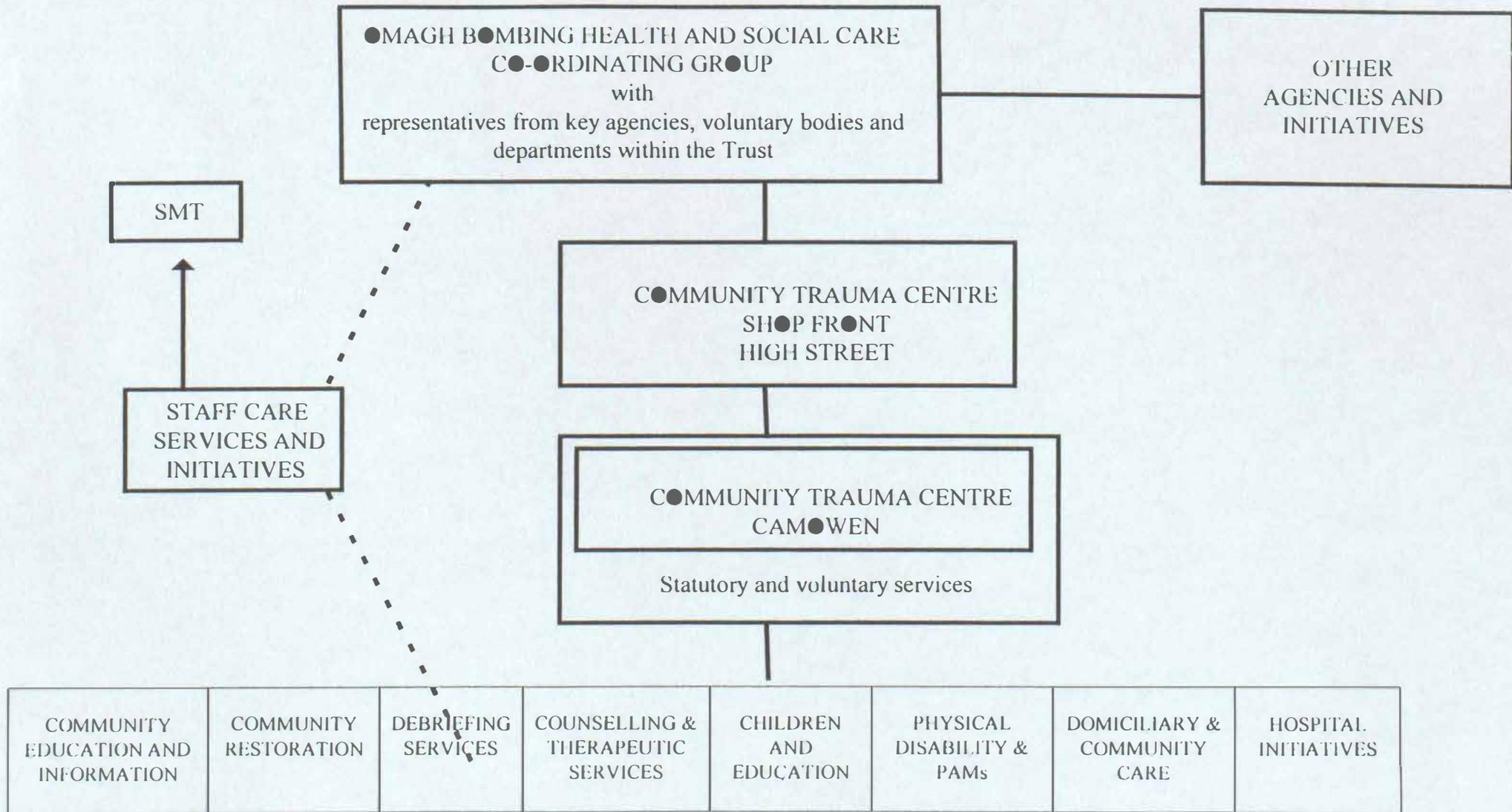
15,054

Surgery cancelled in Altnagelvin
 Orthopaedics
 General Surgery

Hospital and Community Care Needs - Medium Term Costs

• 150 occupied bed days at stepped variable cost		£25,700*
• 248 patients who received A&E treatment who will require:		
2 hospital out patient appointments, 2 x 248 x £55	£27,280	
1 GP appointment 248 x £ (not estimated)		
1 physiotherapy/occupational therapy appointment 248 x £30	£7,440	
1 Health Visitor visit 248 x £18	£4,464	
1 District Nurse visit 248 X £18	£4,464	
1 Counselling visit 248 x £40	£9,920	
1 Treatment Room visit 248 x £15	£3,720	
1 Audiology appointment 248 x £64	£15,872	
Contingency in respect of dental, PAMS and other services	£10,000	
	Total	£83,160
The stepped variable cost of this activity is estimated at 30% giving an additional resource requirement of £25,000		£25,000
• 73 patients requiring community care at a marginal cost of £100 per week (averaged over 8 weeks)		£58,000
	TOTAL	£108,700

* This figure excludes the care costs identified by other Trusts on Appendix 3.



TRAUMA TEAM

	£
1 WTE Team Leader	27,000
1.4 WTE Senior Social Workers	39,000
0.6 Principal Psychologist	25,000
1 WTE Nurse	31,000
1 WTE Cognitive Therapist	26,000
1 WTE Social Worker	25,000
1 WTE Occupational Therapist	27,000
1 WTE Personal Secretary	16,000
I.T. Equipment	5,000
Therapeutic Budget	15,000*
	<u>236,000</u>
Family Aid Budget	50,000**
Capital Equipment	5,000
	<u>55,000</u>

* To buy in sessions of for example bereavement work with children, art therapy

** Amount to be drawn down as needs demand.

Resources Required To Address Community Psychological Needs

	£'000	
2 WTE Cognitive Behaviour Therapists	52	
1 WTE Clinical Psychologist 'B'	44	
	<hr/>	97

Secondary Mental Health Services

1 SHO - Staff Grade	} 6 months to be reviewed	20	
2 WTE Support Workers - B Grade		28	
2 WTE Grade E Nurses to Support Primary Care	} 6 months to be reviewed	22	
Addiction Therapist (G)		26	
1 Cognitive Therapist		40	
		<hr/>	136

Childrens Services (Staff Required for 9 months)

1 Staff Grade Doctor	25		
1 Psychologist or Nurse Therapist	20		
1 Clerical Officer	7		
1 Art Therapist	15		
Accommodation/School Liaison Helpline	10		
	<hr/>	77	
		<hr/>	309

The Mental Health Programme are planning a workshop with experts who have previously dealt with major traumatic events to determine more accurately an appropriate response. This will also be based on the experience of actual referrals to the service. In the interim, we anticipate that we will need two additional nurses for the Omagh C.M.H.T. and also hope to arrange additional specialist inputs from other Trusts on a sessional basis.

Voluntary Sector Resource
Bids to Date

Tara Centre	£18,000
Wave	£73,940
Victim Support	£34,900
Cruse	£11,000
British Red Cross	£31,700
Samaritans	£5,500
	<hr/>
	£175,040

Bids not yet received from St. John's Ambulance, Order of Malta and St. Vincent de Paul.

SUMMARY OF COSTS

<u>Description</u>	<u>£000's</u>
Direct Patient Care on 15th & 16th August 1998 (Appendix 2)	231
Cost incurred by Primary Care/Other Trusts & HPSS agencies (Appendix 3)	816
Medium term Hospital and Community Care (Appendix 4)	109
Trauma and Recovery Team (8.0 WTE staff) (Appendix 6)	291
Community Psychological Needs (Appendix 7)	309
Voluntary Organisations (Appendix 8)	200
Staff Support from Occupational Health and Staff Side (Paragraph 5.1)	45
Staff Support - Training (Paragraph 5.2)	24
Potential cost of covering one third of increased sickness rate (Paragraph 5)	190
Equipment & Rehabilitation Facility (Paragraph 6)	100
Research (Paragraph 8)	100
Project Co-Ordinator and Secretarial Support (Paragraph 8)	40
	2455

	£'000
1998/1999 Effect	1,355 (est)
1999/2000 Effect	1,100 (est)
	2,455