

# **Report of the Review Body to the High Level Group on Staffing Levels in Health Service Locations**

**April 2009**

## **Contents**

Executive summary	3
Recommendations	4
Section 1: Introduction	9
Section 2: Methodology	10
Section 3: Verification process	12
Section 4: Evaluation process	20
Section 5: Observations	25
Section 6: Recommendations	26
Appendix 1: Terms of reference	30
Appendix 2: Phasing: definition and description	31
Appendix 3: Scoring/weighting for evaluation	32
Appendix 4: Data collection tool	35
Appendix 5: Detail for Verification of Report for Staffing Levels	36
Appendix 6: Health service provider: recommended WTE x grade and cost	45

## Executive Summary

A High Level Group (HLG) was established as agreed under the requirements of *Towards 2016* with representatives from the Health Service Executive (HSE) and the staff representative bodies. The HLG had received a large number of reports on staffing levels in locations funded by the HSE. The recommendations from these reports had been accepted by all parties. A large number of the reports were prepared in response to a Labour Court Recommendation (LCR). Although the recommendation of the Labour Court (LC) is not legally binding, it is expected that as it is a court of last resort in the industrial relations process, that the parties come to the process in good faith and consequently are prepared to accept the outcome of the process namely the LCR.

To assist the HLG, a three person Review Body (RB) was established with an independent chair, the HSE Nursing Services Director and the Deputy General Secretary, Irish Nurses Organisation (INO). The Office of the Nursing Services Director, HSE provided the expertise in workforce planning and costing. The INO provided information and clarification in respect of the reports considered by the RB, and the HSE Employer's Agency provided administrative support.

The first meeting of the RB was held on the 20<sup>th</sup> October 2008 and concluded its work on the 8<sup>th</sup> April 2009. During this time they met on 20 occasions. A total of 67 reports were received and considered. The reports required a detailed review including verification and evaluation of the findings to determine priorities. Sixty reports were verified and 57 reports were evaluated. All of the staffing level reports with the exception of two were prepared by external experts. All of the reports' findings were underpinned with evidence based staffing tools.

The terms of reference required the RB to examine the reports on staffing levels in care of the elderly facilities, maternity services, intellectual disability and emergency department services and *to analyse the staffing reviews with a view to recommending an appropriate implementation/timeline arrangement having regard to the current staffing/skill mix and budgetary position of the specific location* (terms of reference).

The RB was required to report by 1<sup>st</sup> December 2008 to the National Director of Human Resources, HSE, and the General Secretary of the Irish Nurses Organisation. Due to the volume of work to be undertaken in sourcing all of the reports, and in verifying and evaluating the reports, the work took longer than was initially expected. The RB considers that the extra time employed to do this work was worthwhile as the output has resulted in a robust, quality report which will assist the HLG in progressing their work.

The evaluation process focused on estimating the quality and risk parameters associated with each location for patients and staff. The output of the evaluation resulted in meeting the terms of reference requirement to recommend an appropriate implementation timetable.

The economic context within which the RB operated changed significantly since it commenced work. There was a significant deterioration in the public finances which have to be considered in the context of interpreting the timetable for implementation presented. The RB noted that in the final week of its work the issue of HSE HR Circular 010/2009 regarding implementation of savings measures on public service numbers – moratorium on recruitment and promotions in the public services. The government has declared a moratorium on recruitment and promotions in the public service with effect from 27<sup>th</sup> March 2009 until the end of 2010.

The verification exercise and the evaluation process demonstrated that some locations have a higher risk profile than others – two locations (St John’s Hospital, Enniscorthy and St Joseph’s Hospital, Ennis) had the highest risk score and the RB recommends that these two locations receive attention at the earliest opportunity.

The scoring system used by the RB to evaluate each report should provide a useful tool for monitoring the impact of the recommendations (on patient safety and quality of care as well as staff safety) as they are implemented. It is the RB’s opinion that this approach is reasonable, practicable and necessary in the interests of patient safety and quality of care.

Section one of the report provides an introduction to the work of the RB. This is followed in section two with a detailed description of the methodology employed to examine, verify and evaluate each report. Section three provides the detail in respect of the outcome from the verification process. Section four provides the findings of the evaluation process. Each HSE area is identified, and each location within the area has been prioritised for allocation of resources. Section five describes the observations of the RB and Section six the recommendations formulated.

## Recommendations

The recommendations from section six of the report are presented collectively in this section for ease of reading.

### Recommendation 1:

All of the reports: considered were agreed by the parties (as previously stated in this report) and the RB role was to draw up an action plan for full implementation within its given terms of reference.

**The RB recommends that the staffing recommendations should be implemented in accordance with the priority and with the phasing indicated in table 4.1**

### Recommendation 2:

Prioritised list of locations: as required by the terms of reference the RB examined and verified each report. An evaluation of each verified report using a quality and safety framework produced a prioritised list (table 4.1) of locations for management attention. The RB would like to draw the attention of the HLG to this prioritised list:

- St John's Hospital, Enniscorthy
- St Joseph's Hospital, Ennis
- St Camillus Hospital, Limerick
- St Patrick's Hospital, Carrick on Shannon
- Cregg House, Sligo
- Moore Abbey, South Kildare location.

**The RB recommends that this list represents the agencies requiring immediate attention. It further recommends that the locations should be monitored during the implementation phase to ensure the increase in resources results in a reduction in risk for patients and staff while also enhancing the quality of care for patients.**

### Recommendation 3:

St John's Hospital, Enniscorthy: taking cognisance of the current economic and financial climate and the limited resources available, the staff of St John's Hospital, Enniscorthy agreed to undertake their own staffing review under LCR 18727. They utilised the Royal College of Nursing (RCN) Nursing Assessment and Older People Tool. The application of this methodology identified a minimum staff requirement of 17.92 WTEs to meet the requirements of essential nursing care. These requirements will assist in managing the key patient and staff risks identified which in the opinion of the RB are the most significant across the organisations reviewed. This was confirmed by the evaluation.

**The RB recommends that the level of risk for patients and staff should be kept under review. Where deficits are identified then appropriate management action should be implemented.**

**Recommendation 4:**

Arus Breffini, Manorhamilton: the RB examined the risks in the unit for both patients and staff. The staff complement agreed of 7.0 WTE staff nurses and 4.20 WTE HCA's should be funded and implemented over three phases.

**The RB recommends that 50% of the additional staff nurses should be funded and added to complement in phase one.**

**Recommendation 5:**

St Brendan's Hospital, Loughrea: the RB examined the report on staffing levels for this hospital and accepts that the conversion of HCA posts to staff nurse posts will take place as HCAs exit the service (natural wastage such as resignations and retirements).

**The RB recommends that the patient and staff risk indices are monitored on an ongoing basis and where evidence is presented of a change in the hospital's risk profile then appropriate management action should be implemented.**

**Recommendation 6:**

St Joseph's Care Centre, Longford: the RB sought a number of clarifications from the Director of Nursing and the Assistant National Director, HRM, Dublin Mid Leinster, and took cognisance of: the date of the report (2004), the reduction in bed numbers (26), the addition of 3.0 WTE staff nurses and 21.0 WTE HCAs subsequent to the completion of the report as well as the large number of care attendants and attendants (multi-task) employed.

**The RB recommends that as outlined in the report 12.1 WTE staff nurses should be added to the existing complement. The RB recommends that an examination of the utilisation and structure of support staff be undertaken.**

**Recommendation 7:**

St Ita's Hospital, Newcastle West, Co Limerick: Clinical Nurse Specialist (CNS) and Advanced Nurse Practitioner (ANP) posts were identified. Similar positions were not identified for St Camillus Hospital, Limerick or for other care of the elderly (COE) locations included in the reports verified. The RB assessed the value and application of these posts and considered that these expert resources should be shared equally with St Camillus Hospital with the objective of enhancing quality and safety of patient care and to contribute to the development of nursing practice which will ultimately benefit all patients availing of services at these two locations.

**The RB recommends that the National Director, PCCC should consider the sharing of the CNS and ANP posts across the two COE service sites in Co Limerick.**

**Recommendation 8:**

Appointment of additional staff nurse/midwife posts: the verification and evaluation exercise undertaken by the RB identified the need for 357.51 WTE staff nurse/midwife posts. Some units have identified a large number of posts to be filled e.g. MWRMHL; St Joseph's Hospital, Ennis; Cregg House, Sligo, and Moore Abbey, South Kildare. Some of these posts will be filled by new graduates e.g. Cregg House will recruit some staff as new graduates emerge from St Angela's College, Sligo.

**The RB recommends phasing the introduction of additional staff nurse/midwife posts to ensure adequate induction/supervision/mentoring and appropriate utilisation of the resource.**

**Recommendation 9:**

Appointment of additional HCA/maternity care assistant posts: the verification and evaluation exercise undertaken by the RB identified the need for 364.87 WTEs HCA/maternity care assistant posts. The RB is aware that as HCA's/maternity care assistants are recruited they will need to participate in induction and training courses. They will also require supervision by midwives/staff nurses.

**The RB recommends that the appointment of HCAs/maternity care assistant grades where recommended, is planned to ensure adequate support from registered nurses/midwives as supervisors/preceptors and with appropriate integration of the role as part of the healthcare team.**

**Recommendation 10:**

Brothers of Charity, Bawnmore, Co Limerick: Three separate reports were submitted to the RB for examination and verification. During the verification process it was identified that the HSE PCCC Directorate had established a group to review the most appropriate accommodation arrangements for service users with an intellectual disability in congregated care settings. The report is due to be completed in September 2009. In light of this and the potential changes in service delivery the RB was not in a position to consider these reports at this time.

**The RB recommends that the HLG engage directly with the National Director PCCC to establish appropriate interim measurers pending the publication of the report.**

**Recommendation 11:**

Kerry General Hospital: a total of three reports on staffing requirements were presented by the Director of Nursing after the RB had commenced work. During the verification process the RB was made aware of a HSE review of hospital services and bed configurations in HSE South.

**The RB recommends that the HLG engage directly with relevant personnel in the National Hospital's Office to establish an appropriate interim measure.**

**Recommendation 12:**

Quality and risk indices: the RB sourced quality and risk data from a number of sources to assist in the development of quality and risk indices for the evaluation process. Deficits in the quality and completeness of data was a factor which inhibited the RB in its work. Some locations had not reported any patient incidents e.g. slips/trips/falls and medication errors. Deficits were also identified where staff musculo-skeletal injuries were not reported. When information was sought on patient complaints some locations had not reported any complaints since the Office of Consumer Affairs was established. The deficits in the availability of data resulted in the RB not being able to award scores for these indices.

**The RB recommends that the deficits identified in sourcing available data is brought to the attention of the National Directors for PCCC and the NHO as well as the Head of Consumer Affairs and the Head of Quality and Risk.**

## Section 1: Introduction

The Review Body (RB) was established on the 24<sup>th</sup> October 2008 by the High Level Group (HLG) (established under *Towards 2016*) with a remit to review reports on staffing levels in health service locations across the country (67 reports), and to verify and evaluate these reports' findings. The RB's terms of reference (Appendix 1) also required it to recommend an appropriate implementation/timeline arrangement having regard to the current staffing/skill mix and budgetary position of the specific location. The report's findings answer these terms of reference.

At the first meeting of the RB, under the guidance of the chairperson the following requirements were identified:

1. Secretarial support – this was provided by the HSE Employer's Agency.
2. Assistance of an expert nursing professional with a background in workforce planning, research and service delivery – this was arranged through the HSE's Office of the Nursing Services Director. This role focused on designing the verification methodology and the evaluation framework; verifying the content of each report, and liaising with each location on the up to date position with the implementation of the reports' recommendations.
3. Support of the Irish Nurse's Organisation (INO) in sourcing the reports and involvement in the verification process.
4. Input of health services management accounting professional – this was arranged through the HSE's Office of the Nursing Services Director.

The reports considered by the RB generally arose from concern regarding clinical care arising from existing staffing ratios and skill mix arrangements. Many were carried out independently and had the subsequent weight of a Labour Court Recommendation (LCR). In addition some had been the subject of HLG implementation agreements. In many cases there were considerable time gaps between the final agreement stage and referral to the RB.

The RB was aware of the deteriorating economic and financial climate, and its impact on the HSE's budgetary position. In the final week of its work the RB noted the issue of HSE HR Circular 010/2009 regarding implementation of savings measures on public service numbers – moratorium on recruitment and promotions in the public services. The government declared a moratorium on recruitment and promotions in the public service with effect from 27<sup>th</sup> March 2009 until the end of 2010.

The RB deliberated the approach to evaluating each location's report and agreed to utilise a quality and risk framework drawing on the expertise of the RB chairperson. Input from the following agencies/departments was essential so that a robust approach could be adopted for the evaluation process:

- Clinical Indemnity Scheme (CIS)
- HSE's:
  - Office for Quality and Risk
  - Office of Consumer Affairs
  - Insurance/Claims Officers
  - National Employment Monitoring Unit
- Management from the voluntary service providers

## **Section 2: Methodology**

### **2.1 Introduction**

The methodology undertaken by the RB comprised of six distinct steps as set out below:

1. Obtaining the staffing level reports and agreeing those for inclusion
2. Verification of each report
3. Developing a definition of phasing for implementation of recommendations
4. Developing an evaluation tool to ensure a robust approach was adopted so that those locations with the highest risk indices would be prioritised for implementation
5. Evaluating each report
6. Prioritisation of reports for implementation.

### **2.2 Obtaining reports and agreeing those for inclusion**

The HLG had three lists of reports and LCRs for consideration – lists A, B and C.

List B was referred to the RB and provided the focus for the RB's terms of reference. This list identified 10 reports. One of the ten reports (Care of the Elderly, HSE, Fitzpartick Report 2007) contained information on staffing level reviews for 43 locations. Therefore a total of 52 reports emanated from list B for examination by the RB.

The reports were sourced by the HLG with the support of INO officials. Following the commencement of work by the RB two locations submitted reports for examination:

1. Mid Western Regional Maternity Hospital, Limerick (MWRMHL)(two reports)
2. Kerry General Hospital (KGH) (three reports).

The RB agreed to take these reports for examination.

### **2.3 Verification of each report**

The RB developed an information gathering tool to ensure consistency in the approach adopted to verify each report.

Reports were verified initially for accuracy of content, and to determine if any of the recommendations had been implemented. In some situations the RB sought further clarification from the locations on specific issues.

### **2.4 Developing a definition for phasing**

The RB gave a considerable amount of time to how each report's evaluation findings should be progressed for implementation. It was recognised that the budgetary planning process needed to be considered as well as the service planning arrangements within the HSE. Consideration also had to be

taken of the actual staffing requirements identified in each report as it was not going to be feasible to add a large number of staff to any location in one phase.

Where small adjustments to staffing complement were required the RB recommend that it should take place in one phase. In other instances where larger numbers of staff were required it will be necessary to manage the introduction on a phased basis.

Phasing should take account of induction, supervision and preceptorship, as well as taking cognisance of the need for healthcare assistants to participate in a programme of education and skill development. In such instances the RB recommend either a two or three phase implementation process. For an explanation of the phasing process see Appendix 2.

When the verification process was completed, each location's requirements were costed by staff grade and whole time equivalent (WTE).

## **2.5 Development of an evaluation tool**

An evaluation tool was developed underpinned by quality and risk indices used throughout the health service. The aim was to apply an objective tool to qualitatively and quantitatively evaluate each report so that prioritisation of location for implementation could be identified. For an explanation of the evaluation tool see Appendix 3.

## **2.6 Evaluation of each report**

Each report was awarded scores for patient safety (patient slips/trips/falls and medication errors), quality of patient care (complaints, quality awards applied for and number of awards achieved) as well as staff injuries (musculo-skeletal injuries). Seventy five percent of marks were allocated for these indicators. The remainder related to the nature of the unimplemented agreements (for example date of LCR, date of report).

## **2.7 Prioritisation of each report for implementation**

Each report received an overall numerical score and was allocated to one of three categories of priority. The categories are:

1. Colour coded red
2. Colour code amber
3. Colour coded green

An additional exercise was undertaken by the RB to correlate each report's staffing requirements with its overall evaluation score and cost.

Arising from each step in the methodological process the RB made a number of recommendations to assist in addressing issues identified.

## **Section 3: Verification of reports**

### **3.1 Introduction**

It was decided at an early stage that a verification process would be required to establish the current position in relation to the implementation of the reports' recommendations for the following reasons:

- The reports spanned a number of years (from 1998 to 2008) with the majority being presented between 2006 and 2008
- Some reports had been partially implemented.

### **3.2 Context**

A total of 57 reports and five LCR's were received by the RB for examination.

Five LCR's for the locations listed below were considered for examination:

1. Community Intervention Team, HSE, South
2. Cobh General Hospital
3. Ard Aoibhinn, Wexford
4. Pre-school Public Health Nurses
5. Nazareth House, Cork

These LCR's related to issues of remuneration, or holiday entitlement or the need to examine grade and skill mix. As a result of these issues the RB did not accept these LCR's for verification and referred them back to the HLG.

Following commencement of the RB work a further five reports were submitted (Mid Western Regional Maternity Hospital, Limerick – two reports and Kerry General Hospital – 3 reports).

A total of 62 reports were finally considered by the RB.

### **3.3 Methodology**

To assist in the verification process the RB requested the assistance of the HSE Office of the Nursing Services Director, the Nursing and Midwifery Planning and Development Units (NMPDU) in the HSE West and INO Officials in establishing the current status of the staffing level reports' recommendations.

The verification of data was progressed over 14 all-day meetings of the RB between October 2008 and February 2009. It also involved three face-to-face meetings with key stakeholders, 10 teleconferences and approximately 128 emails and a similar number of telephone calls to seek clarification of key issues.

Table 3.1 provides details of all the locations considered for verification purposes by the RB.

**Table 3.1: Number of Reports Considered**

HSE West/Mid West	Report	Year
1. Baltinglass District Hospital, Co Wicklow	Eithne Ni Dhomhnaill	2003
2. Bru Chaoimhin, Cork Street, Dublin	Eithne Ni Dhomhnaill	2003
3. Bru Chaoimhin, Cork Street, Dublin	Janet Hughes	2003
4. Cavan General Hospital – Emergency Department	Serious incident review	2004
5. Community Nursing Unit, Birr, Co Offaly	Edna Cobain	2005
6. Cregg House, Sligo (Sisters of La Sagesse Services)	LCR 18715	2006
7. Dalkey Community Unit, Co Dublin	Edna Cobain	2006
8. Dalkey Community Unit, Co Dublin	Edna Cobain	2008
9. Ennis General Hospital, Male and Female Medical Wards, Co Clare	Keith Hurst / NMPDU	2007
10. HSE West (43 health service providers)	Nora Fitzpatrick	2007
11. Moore Abbey	LCR 17698	2004
12. Moore Abbey	Harmon	1999
13. Regional Maternity Hospital, Co Limerick	Staff of Hospital using Birth Rate Plus	2007
14. St Brigid's, Carrick-on-Suir	LCR 17835	2004
15. St Brigid's, Carrick-on-Suir	Betty Brady	2005
16. St Camillus Hospital, Limerick	Labour Relations Commission (LRC)	1998
17. St Camillus Hospital, Limerick	NMPDU	2007
18. St John's Community Hospital, Enniscorthy, Co Wexford	Internal Following LCR 18727	2008
19. St Jospeh's Care Centre, Longford	Edna Cobain	2004
20. St Patrick's Hospital, Cashel, Co Tipperary	Edna Cobain	2002
21. St Patrick's Hospital, Cashel, Co Tipperary	Labour Relations Commission (LRC)	2006
22. Wexford General Hospital – Emergency Department	Edna Cobain	2006
23. Wexford General Hospital – Emergency Department	LCR 19348	2008

Nine of the health service providers had more than one report with recommendations pertaining to nurse staffing to consider (see Table 3.2 for details).

**Table 3.2: Health Service Provider with multiple reports**

Health Service Provider	Report	Year
St Camillus Hospital, Limerick	LRC & Nora Fitzpatrick NMPDU	1998 2007
St Joseph's Hospital, Ennis, Co Clare	Betty Brady Nora Fitzpatrick	2000 2007
Dalkey Community Unit, Co Dublin	Edna Cobain	2006 2008
Bru Chaoimhin, Cork Street, Dublin	Eithne Ni Dhomhnaill Janet Hughes	2003 2003
Moore Abbey Laois/Offaly	LCR 17698 Harmon	2004 1999
St Patrick's Hospital, Cashel, Co Tipperary	Edna Cobain LRC	2002 2006
St Brigid's, Carrick-on-Suir	LCR 17835 Betty Brady	2004 2005
Wexford General Hospital – Emergency Department	Edna Cobain LCR 19348	2006 2008
St John's Community Hospital, Enniscorthy, Co Wexford	Internal LCR 18727	2008

### 3.4 Data Collection

It was decided by the RB to source the verification information directly from the Director of Nursing/Midwifery/Services. A standardised data collection tool (Appendix 4) was developed, with seven questions and a section for additional comments and contact details for follow up queries. The data collection tool was agreed by the RB.

Data was collected from each Director by telephone discussions and/or email correspondence between November 2008 and April 2009. The questions below guided each discussion:

1. Have any of the recommendations been implemented?
2. If yes which recommendations have been implemented?
3. Which recommendations are outstanding?
4. Are there impediments preventing the implementation of the recommendations?
5. How has your service coped in the absence of the implementation of recommendations?
6. Have costs related to the recommendations been assessed and if so what are they?
7. Has any funding been made available to address the deficits identified in the service review?

The information was input in the standard report format (see Appendix 4). Details of the verification report for each of the 57 organisations can be located in Appendix 5.

### 3.5 Analysis of data collected

The report on staffing levels and the verification report for each individual organisation was considered by the RB. A series of follow up queries arose in relation to:

- Bed numbers
- Service configuration
- Bed occupancy
- Staff currently in post
- Skill-mix
- Break down in grades
- Use of overtime and time in lieu was sought.

The verification process confirmed a number of locations had a reduction in bed numbers from the time the reports were drafted (see Appendix 5). Where this was confirmed the staff skill-mix requirements were adjusted accordingly.

It was noted that in the North West the Director of Nursing is responsible for two health service locations:

1. Killybegs and Donegal Town Community Hospitals
2. St. Patrick's Hospital Carrick-on Shannon and Aras Carolan Nursing Unit Mohill, Co. Leitrim.

Each report was reviewed to identify the recommendations in terms of: whole time equivalent (WTE) staffing requirements, grade, and budget (where available). Resulting from the verification process the exact staffing requirements at each site/service by WTE and grade for nursing/midwifery and support staff were identified (see Appendix 5). A small number of reports contained recommendations for health and social care professionals.

### 3.6 Findings

The verification process identified that all recommendations for Care of the Elderly Services, Aras Ronan, Aran Islands had been fully implemented.

Two locations' reports were verified but were not taken forward for the following reasons:

1. Bawnmore Services (Brothers of Charity), Limerick. The three reports prepared for Bawnmore were considered for verification purposes. During this exercise the National Director, PCCC initiated a review of the accommodation requirements (2008) for service users with an intellectual disability in congregated care settings. The findings will result in the identification of the most appropriate accommodation arrangements. This will have certain implications for staffing requirements. It is expected that the HSE report, due in September 2009, will inform the future requirements for Bawnmore. For this reason the RB have decided to recommend to the HLG that they engage directly with the National Director PCCC to establish appropriate interim measures pending the publication of the report.
2. Kerry General Hospital. A total of three reports on staffing requirements were presented by the Director of Nursing after the RB had commenced its work. During the verification process the

RB was made aware of a HSE review of hospital services and bed configurations in HSE South. For this reason the RB is referring these three reports back to the HLG and recommends that the HLG engage directly with relevant personnel in the National Hospital's Office to establish an appropriate interim measure.

**Table 3.3: Current Status of Report/Recommendations**

Not Implemented	Partial Implementation
1. Aras Mhathair Phoil CNU, Castlerea, Co Roscommon	1. Aras Mac Dara Community Nursing Unit, Carraroe, Co Galway
2. Arus Breffini Nursing Unit, Manorhamilton, Co Leitrim	2. Bru Chaoimhin, Cork Street, Dublin
3. Arus Carolan Nursing Unit, Mohill, Co Leitrim	3. Ennis General Hospital, Male and Female Medical Wards, Co Clare
4. Buncrana Community Nursing Unit, Co Donegal	4. Baltinglass Community Hospital, Co Wicklow
5. Carndonagh Community Hospital, Co Donegal	5. Arus Mhuire Community Nursing Unit, Tuam, Co Galway
6. Clifden District Hospital, Co Galway	6. Cregg House, Sligo (Sisters of La Sagesse Services)
7. Community Hospital of the Assumption, Thurles, Co Tipperary	7. St Joseph's Care Centre, Longford
8. D'Alton Community Nursing Unit, Claremorris, Co Mayo	8. Wexford General Hospital – Emergency Department
9. Dalkey Community Unit, Co Dublin	9. St Patrick's Hospital, Cashel, Co Tipperary
10. Dean Maxwell Community Nursing Unit, Roscrea, Co Tipperary	10. Cavan General Hospital – Emergency Department
11. District Hospital, Swinford, Co Mayo	11. Moore Abbey
12. District Hospital, Ballina, Co Mayo	12. Belmullet Community Hospital, Co Mayo
13. Donegal Town Community Hospital, Co Donegal	13. Mac Bride Community Nursing Unit, Westport, Co Mayo
14. Dungloe Community Hospital, Co Donegal	14. St Augustine's Community Nursing Unit, Ballina, Co Mayo
15. Ennistymon Community Hospital, Ennistymon, Co Clare	15. Community Nursing Unit, Birr, Co Offaly
16. Falcarragh Community Nursing Unit, Co Donegal	16. Plunkett Community Nursing Unit, Boyle, Co Roscommon
17. Killybegs Community Hospital, Co Donegal	17. St Anne's' Community Nursing Unit, Clifden, Co Galway
18. Lifford Community Hospital, Co Donegal	18. Sacred Heart Hospital, Roscommon
19. Our Lady's Hospital, Manorhamilton, Co Leitrim	19. St Francis Community Nursing Unit, Newcastle, Co Galway
20. Raheen Community Hospital, Co Limerick	
21. Ramelton Community Nursing Unit, Ramelton, Co. Donegal	
22. Regina House, Community Nursing Unit, Kilrush, Co Clare	

23. Regional Maternity Hospital, Co Limerick	
24. Rock Community Nursing Unit, Ballyshannon, Co Donegal	
25. Sacred Heart Hospital Castlebar, Co Mayo	
26. Shiel Community Hospital, Ballyshannon, Co Donegal	
27. St Brendan's Loughrea, Co Galway	
28. St Brigid's, Carrick-on-Suir	
29. St Camillus Hospital, Limerick	
30. St Conlon's Community Nursing Unit, Nenagh, Co Tipperary	
31. St Fionnan's Community Nursing Unit, Achill, co Mayo	
32. St Ita's Hospital, Newcastle West, Co Limerick	
33. St John's Community Hospital, Enniscorthy, Co Wexford	
34. St John's Hospital, Ballytivnan, Co Sligo	
35. St Joseph's Hospital, Ennis, Co Clare	
36. St Joseph's Hospital, Stanorlar, Co Donegal	
37. St Patrick's Hospital, Carrick-on-Shannon, Co Leitrim	

### 3.6 Costing of verified reports

The Office of the Nursing Services Director, HSE facilitated the costing of each report's staffing requirements.

The costing methodology utilised:

1. The pay scales as at the 1<sup>st</sup> September 2008.
2. The assumed pay level used was primarily the mid-point of the relevant grade.
3. A provision of 20% was included to cover overtime and allowances.
4. A rate of 10.75% employers PRSI was applied.

Table 3.4 provides the total cost of a WTE post within each discipline.

**Table 3.4 Cost of Staff Posts**

<b>1st September 2008</b>	<b>Point on the scale</b>	<b>Salary</b>	<b>Allowances</b>	<b>PRSI 10.75%</b>	<b>Total</b>
Assistant DofN (Non-band 1 hospital)	4th	61220	12244	7897	81362
Clinical Nurse Manager 3 (general)	3rd	62106	12421	8011	82540
Clinical Nurse Manager 2 (general)	5th	54188	10837	6990	72016
Clinical Nurse Manager 1 (general)	4th	49359	9871	6367	65599
Staff nurse	6th	39630	7926	5112	52668
Health Care Assistant	4th	32220	6444	4156	42820
Grade IV Clerical*	5th	37410	7482*	4825	49718
Laundry workers	4th	30526	6105	3937	40569
Catering Officer Grade 3	5th	37409	7481	4825	49717
Chef 11 (formerly cook grade 11) with qualification	5th	30022	6004	3872	39899
Domestic	4th	30526	6105	3937	40569

\*The clerical grade 1V post has been allocated an allowance of 20%. This may not be required in all locations.

The verification exercise identified the number of WTE posts for each discipline recommended in each report.

Table 3.5 lists the WTEs required in each discipline with the total costs.

**Table 3.5 Total number of WTEs Required with Total Costs**

<b>Grade</b>	<b>WTE</b>	<b>Total cost</b>
Assistant Director of Nursing	3.50	€284,769
Clinical Nurse Manager 2	4.55	€327,673
Clinical Nurse Manager 1	3.20	€209,917
Staff Nurse	357.51	€8,829,505
Healthcare Assistant	364.87	€5,624,069
Ward clerk	8.20	€407,688
Laundry Assistant	6.94	€81,556
Catering Assistant	27.35	€1,359,777
Total	776.12	€7,324,954
Domestics	-13.57	-€50,535
Total WTEs and cost	<b>762.55</b>	€6,774,419

### 3.7 Summary

In summary, the verification of data exercise was time consuming but worthwhile. The exercise demonstrated that the recommendations were fully implemented in one organisation (2%); partially implemented in nineteen (33%), and not implemented in thirty seven (64%).

A total of **762.55** WTEs are required to address the deficits identified in the reports. The total cost has been estimated at €6,774,419.

Fifty seven reports were taken forward for evaluation.

## **Section 4: Evaluation of reports**

### **4.1 Introduction**

To enable the RB to evaluate each report as objectively as possible a decision was taken to utilise both qualitative and quantitative data. Where qualitative data was used the RB devised a scoring mechanism to allocate a numerical value to the data.

### **4.2 Quality and risk indices identified for evaluation**

The indices used were:

1. Date of report
2. If a LCR was associated with the report
3. If the HLG had considered the report
4. Patient slips/trips/falls reported over the past five years
5. Patient medication errors reported over the past five years
6. Staff musculo-skeletal injuries reported over the past five years
7. Number of complaints reported for the past five years.

In addition the RB sought information on quality initiatives developed by each service location, whether the location had applied for or been awarded any prizes/awards/commendations and whether efforts had been made to develop initiatives within the current package of resources. The RB used this information to award discretionary marks. The scoring system used for the evaluation process can be found in Appendix 3.

The scoring marks were divided between:

- Report status = 28%
- Person safety = 36%
- Service quality = 36%.

Two thirds of the marks were allocated to quality and safety issues with one third allocated to the status of the report.

### **4.3 Sourcing the data**

Quantitative data was sourced from the Clinical Indemnity Scheme (CIS), the HSE Insurance/Claims Officers in each of the HSE locations and from Health and Safety Advisors and Clinical Risk Managers, the Office for Quality and Risk and the Office of the Head of Consumer Affairs in the HSE. The Service Managers in the voluntary bodies also provided data to assist with the quantitative evaluation.

In some instances there was no data available as locations were not recording the data (for example patient and staff incidents and complaints) and reporting to the Health and Safety Advisors, or the Clinical Risk Managers or the Consumer Affairs Managers. It is important that this type of data is reported as adverse events occur or as complaints are received. The data provides a useful indicator of the level of risk and quality at each location.

#### **4.4 Outcome of evaluation process**

The evaluation process produced a numerical score for each location. The scale for scoring was from 1-10. The result of the evaluation provided a mechanism to prioritise each location for implementation (see table 4.1). To assist in regional implementation the table is grouped by geographical area.

Three categories of priority were identified as follows:

1. Colour coded red (score = 10 or above)
2. Colour coded amber (score between 6 and 9)
3. Colour coded green (score 5 and below)

The RB noted that the prioritisation arising from the scoring method was consistent with those locations that had a LCR and had received attention from the HLG.

#### **4.5 Phasing**

The RB took a pragmatic approach to the issue of phasing (Appendix 2). The approach took account of the practical implications of recruiting and placing a large number of staff at the one time in a location with the need to maximise the benefits accruing from skill-mix when addressing the staffing deficits.

In identifying three phases, the phasing process allows for the additional costs to be comprehended and spread over three service plans.

When planning the implementation of the report's recommendations the RB advise that the introduction of Health Care Assistant (HCA) grades where recommended, is planned to ensure adequate support from registered nurses/midwives as supervisors/preceptors and appropriate integration of the HCA role as part of the healthcare team.

Where the implementation of the 37.5 hour week is outstanding any allocation of resources in the first instance should be used to address the reduction in nursing hours.

**Table 4.1: Reports Prioritised by HSE Area**

HSE West/Mid West	WTE N/M	WTE HCA	WTE Support	Phases	Total cost
St Joseph's Hospital, Ennis, Co Clare	21.49	75.6	-41.76 (domestic) +11.25 (catering)	3	€3,234,228
St Camillus Hospital, Limerick	07.84	13.21	N/A	3	€1,014,453
St Ita's Hospital, Newcastle West, Co Limerick	13.75	19.00	N/A	3	€1,597,841
Community Hospital of the Assumption, Thurles, Co Tipperary	12.00	07.49	02.10	3	€1,053,498
St Conlon's Community Nursing Unit, Nenagh, Co Tipperary	13.20	09.50	03.23	3	€1,247,974
Raheen Community Hospital, Co Limerick	N/A	09.00	01.20	3	€445,049
Regina House, Community Nursing Unit, Kilrush, Co Clare	07.40	-01.72	09.23	3	€690,556
Regional Maternity Hospital, Co Limerick	16.00	04.00	N/A	3	€1,013,979
Ennis General Hospital, Male and Female Medical Wards, Co Clare	10.20 FW 10.50 MW	7.06 FW 7.29 MW	N/A	3	€1,704,717
Dean Maxwell Community Nursing Unit, Roscrea, Co Tipperary	10.00	10.00	2.35	3	€1,057,094
Ennistymon Community Hospital, Ennistymon, Co Clare	05.79	15.50	02.75	3	€1,093,964
HSE West	WTE N/M	WTE HCA	WTE Support	Phase	Total cost
St Fionnan's Community Nursing Unit, Achill, Co Mayo	03.00	02.00	00.70	2	€72,046
St Anne's' Community Nursing Unit, Clifden, Co Galway	02.00	N/A	N/A	1	€105,337
Sacred Heart Hospital Castlebar, Co Mayo	01.00	N/A	N/A	1	€2,668
Sacred Heart Hospital, Roscommon	20.00	00.50	10.50	3	€1,555,650
Clifden District Hospital, Co Galway	02.81	02.06	00.20	1	€244,323
Aras Mhathair Phoil CNU, Castlerea, Co Roscommon	07.64	08.00	03.00	3	€66,664
Plunkett Community Nursing Unit, Boyle, Co Roscommon	11.59	07.80	04.50	3	€1,145,291

Final Report/08 04 2009

St Brendan's Loughrea, Co Galway	13.30	-09.70	N/A	3	€85,128
Mac Bride Community Nursing Unit, Westport, Co Mayo	05.00	05.00	N/A	3	€177,447
District Hospital, Ballina, Co Mayo	06.00	04.00	01.00	3	€27,864
St Francis Community Nursing Unit, Newcastle, Co Galway	04.14	05.50	N/A	3	€53,563
Arus Mhuire Community Nursing Unit, Tuam, Co Galway	00.55	02.89	03.50	2	€94,715
Belmullet Community Hospital, Co Mayo	05.00	04.30	N/A	2	€47,472
St Augustine's Community Nursing Unit, Ballina, Co Mayo	02.60	05.00	03.00	3	€72,753
D'Alton Community Nursing Unit, Claremorris, Co Mayo	05.80	05.00	0.40	3	€35,810
Aras Mac Dara Community Nursing Unit, Carraroe, Co Galway	01.69	01.29	N/A	1	€144,249
District Hospital, Swinford, Co Mayo	03.00	02.00	01.50	2	€304,502
<b>HSE West/North West</b>	<b>WTE N/M</b>	<b>WTE HCA</b>	<b>WTE Support</b>	<b>Phase</b>	<b>Total cost</b>
St Patrick's Hospital, Carrick-on-Shannon, Co Leitrim	02.50	02.00	N/A	1	€17,313
Cregg House, Sligo (Sisters of La Sagesse Services)	15.00	N/A	N/A	2	€790,027
St Joseph's Hospital, Stanorlar, Co Donegal	10.00	13.00	N/A	3	€1,083,357
St John's Hospital, Ballytivnan, Co Sligo	05.50	20.00	N/A	3	€1,146,095
Carndonagh Community Hospital, Co Donegal	04.00	06.00	N/A	3	€467,599
Falcarragh Community Nursing Unit, Co Donegal	04.25	06.50	N/A	3	€502,177
Buncrana Community Nursing Unit, Co Donegal	03.00	03.00	N/A	2	€86,468
Arus Breffini Nursing Unit, Manorhamilton, Co Leitrim	07.00	04.20	N/A	3	€48,527
Lifford Community Hospital, Co Donegal	02.20	01.50	N/A	1	€80,102
Shiel Community Hospital, Ballyshannon, Co Donegal	N/A	07.30	N/A	3	€12,593
Dungloe Community Hospital, Co Donegal	04.00	03.50	N/A	3	€60,547
Killybegs Community Hospital, Co Donegal	03.50	05.00	N/A	3	€98,444
Ramelton Community Nursing Unit, Ramelton, Co. Donegal	02.00	03.00	N/A	2	€33,800
Rock Community Nursing Unit, Ballyshannon, Co Donegal	07.00	02.75	N/A	3	€86,437
Donegal Town Community Hospital, Co Donegal	01.00	04.00	N/A	3	€23,952
Arus Carolan Nursing Unit, Mohill, Co Leitrim	05.00	04.00	N/A	3	€34,626
Our Lady's Hospital, Manorhamilton, Co Leitrim	03.00	07.00	N/A	3	€57,752

<b>HSE Dublin Mid Leinster</b>	<b>WTE N/M</b>	<b>WTE HCA</b>	<b>WTE Support</b>	<b>Phase</b>	<b>Total cost</b>
<b>Moore Abbey South Kildare</b>	15.72	N/A	N/A	3	€827,948
<b>Bru Chaoimhin, Cork Street, Dublin</b>	03.00	N/A	N/A	1	€209,631
<b>Baltinglass District Hospital, Co Wicklow</b>	03.10	N/A	N/A	1	€280,643
<b>Moore Abbey Laois/Offaly</b>	02.00	N/A	N/A	1	€105,337
<b>Community Nursing Unit, Birr, Co Offaly</b>	04.00	22.00	05.00	3	€1,401,325
<b>Dalkey Community Unit, Co Dublin</b>	03.10	07.70	N/A	3	€23,988
<b>St Joseph's Care Centre, Longford</b>	12.10	N/A	N/A	3	€637,288
<b>HSE South</b>	<b>WTE N/M</b>	<b>WTE HCA</b>	<b>WTE Support</b>	<b>Phase</b>	<b>Total cost</b>
<b>St John's Community Hospital, Enniscorthy, Co Wexford</b>	11.69	04.10	02.07	3	€887,315
<b>Wexford General Hospital – Emergency Department</b>	N/A	05.00	01.20	2	€273,766
<b>St Patrick's Hospital, Cashel, Co Tipperary</b>	03.31	08.35	01.50	3	€606,464
<b>St Brigid's, Carrick-on-Suir</b>	03.00	03.40	00.50	2	€341,386
<b>HSE Dublin North East</b>	<b>WTE N/M</b>	<b>WTE HCA</b>	<b>WTE Support</b>	<b>Phase</b>	<b>Total cost</b>
<b>Cavan General Hospital – Emergency Department</b>	04.00 (RCN)	N/A	N/A	2	€110,674

#### 4.6 Evaluation results

The results of the evaluation process showed:

- Six (11%) of the reports when evaluated were allocated to category 1
- Twenty eight (29%) when evaluated were allocated to category 2
- The remaining twenty three reports (40%) when evaluated were allocated to category 3.

The phasing and the subsequent prioritisation arising from the evaluation, provides a framework for implementation – both elements are inter-linked and should not be viewed in isolation.

## Section 5: Observations

**Observation 1:** it was the opinion of the RB that the approach agreed and adopted to contact each Director of Nursing/Midwifery/Service Manager as the senior manager with responsibility for the location added to the integrity of the verification process. Feedback from the Directors of Nursing / Midwifery and Service Managers confirmed that this approach was greatly appreciated.

**Observation 2:** as the RB carried out the examination of each report, and verified its contents a number of issues were identified which were considered relevant to the HLG. Each of the issues is discussed in Section six and a recommendation/s is included.

**Observation 3:** the staffing level reports were undertaken by a variety of professionals with expertise to undertake this work. The verification of all reports showed a variety of staffing tools were used. The RB considered that this led to inconsistency in outcome. The health service in partnership with the trade unions should agree a consistent approach and methodology for the identification of staffing and skill-mix.

**Observation 4:** the contribution of skill-mix to the provision of quality patient care was considered by the RB. A decision was made to adjust the skill-mix configuration at the following locations:

- Mid Western Regional Maternity Hospital, Limerick
- Dean Maxwell Community Nursing Unit (CNU), Roscrea, Co Tipperary
- Raheen Community Hospital
- Regina House, Kilrush
- St Joseph's Care Centre, Longford
- Aras Mathair Phol, Castlerea, Co Roscommon.

**Observation 5:** the recommended staff numbers for Baltinglass District Hospital are based on the current use of 68 beds. The RB were informed that a further ten beds have been refurbished and are planned to be used as a specialist unit for the care of Alzimers patients. When opened this will require appropriate staffing as this service was not comprehended by the RB recommendations. It is also noted that 0.5 WTE CNM2 and 1 WTE Assistant Director of Nursing position are currently vacant and filled on an acting basis.

## Section 6 Recommendations

Based on the preceding analysis and observations the RB makes the following recommendations.

6.1 All of the reports: considered were agreed by the parties (as previously stated in this report) and the RB role was to draw up an action plan for full implementation within its given terms of reference.

**Recommendation 1: the RB recommends that the staffing recommendations should be implemented in accordance with the priority and with the phasing indicated in table 4.1**

6.2 Prioritised list of locations: as required by the terms of reference the RB examined and verified each report. An evaluation of each verified report using a quality and safety framework produced a prioritised list (table 4.1) of locations for management attention. The RB would like to draw the attention of the HLG to this prioritised list:

- St John's Hospital, Enniscorthy
- St Joseph's Hospital, Ennis
- St Camillus Hospital, Limerick
- St Patrick's Hospital, Carrick on Shannon
- Cregg House, Sligo
- Moore Abbey, South Kildare location.

**Recommendation 2: the RB recommends that this list represents the agencies requiring immediate attention. It further recommends that the locations should be monitored during the implementation phase to ensure the increase in resources results in a reduction in risk for patients and staff while also enhancing the quality of care for patients.**

6.3 St John's Hospital, Enniscorthy: taking cognisance of the current economic and financial climate and the limited resources available, the staff of St John's Hospital, Enniscorthy agreed to undertake their own staffing review under LCR 18727. They utilised the Royal College of Nursing (RCN) Nursing Assessment and Older People Tool. The application of this methodology identified a minimum staff requirement of 17.92 WTEs to meet the requirements of essential nursing care. These requirements will assist in managing the key patient and staff risks identified which in the opinion of the RB are the most significant across the organisations reviewed. This was confirmed by the evaluation.

**Recommendation 3: the RB recommends that the level of risk for patients and staff should be kept under review. Where deficits are identified then appropriate management action should be implemented.**

6.4 Arus Breffini, Manorhamilton: the RB examined the risks in the unit for both patients and staff. The staff complement agreed of 7.0 WTE staff nurses and 4.20 WTE HCA's should be funded and implemented over three phases.

**Recommendation 4: the RB recommends that 50% of the additional staff nurses should be funded and added to complement in phase one.**

6.5 St Brendan's Hospital, Loughrea: the RB examined the report on staffing levels for this hospital and accepts that the conversion of HCA posts to staff nurse posts will take place as HCAs exit the service (natural wastage such as resignations and retirements).

**Recommendation 5: the RB recommends that the patient and staff risk indices are monitored on an ongoing basis and where evidence is presented of a change in the hospital's risk profile then appropriate management action should be implemented.**

6.6 St Joseph's Care Centre, Longford: the RB sought a number of clarifications from the Director of Nursing and the Assistant National Director, HRM, Dublin Mid Leinster, and took cognisance of: the date of the report (2004), the reduction in bed numbers (26), the addition of 3.0 WTE staff nurses and 21.0 WTE HCAs subsequent to the completion of the report as well as the large number of care attendants and attendants (multi-task) employed.

**Recommendation 6: the RB recommends that as outlined in the report 12.1 WTE staff nurses should be added to the existing complement. The RB recommends that an examination of the utilisation and structure of support staff be undertaken.**

6.7 St Ita's Hospital, Newcastle West, Co Limerick: Clinical Nurse Specialist (CNS) and Advanced Nurse Practitioner (ANP) posts were identified. Similar positions were not identified for St Camillus Hospital, Limerick or for other care of the elderly (COE) locations included in the reports verified. The RB assessed the value and application of these posts and considered that these expert resources should be shared equally with St Camillus Hospital with the objective of enhancing quality and safety of patient care and to contribute to the development of nursing practice which will ultimately benefit all patients availing of services at these two locations.

**Recommendation 7: the RB recommends that the National Director, PCCC should consider the sharing of the CNS and ANP posts across the two COE service sites in Co Limerick.**

6.8 Appointment of additional staff nurse/midwife posts: the verification and evaluation exercise undertaken by the RB identified the need for 357.51 WTE staff nurse/midwife posts. Some units have identified a large number of posts to be filled e.g. MWRMHL; St Joseph's Hospital, Ennis; Cregg House, Sligo, and Moore Abbey, South Kildare. Some of these posts will be filled by new graduates e.g. Cregg House will recruit some staff as new graduates emerge from St Angela's College, Sligo.

**Recommendation 8: the RB recommends phasing the introduction of additional staff nurse/midwife posts to ensure adequate induction/supervision/mentoring and appropriate utilisation of the resource.**

6.9 Appointment of additional HCA/maternity care assistant posts: the verification and evaluation exercise undertaken by the RB identified the need for 364.87 WTEs HCA/maternity care assistant posts. The RB is aware that as HCA's/maternity care assistants are recruited they will need to participate in induction and training courses. They will also require supervision by midwives/staff nurses.

**Recommendation 9: the RB recommends that the appointment of HCAs/maternity care assistant grades where recommended, is planned to ensure adequate support from registered nurses/midwives as supervisors/preceptors and with appropriate integration of the role as part of the healthcare team.**

6.10 Brothers of Charity, Bawnmore, Co Limerick: Three separate reports were submitted to the RB for examination and verification. During the verification process it was identified that the HSE PCCC Directorate had established a group to review the most appropriate accommodation arrangements for service users with an intellectual disability in congregated care settings. The report is due to be completed in September 2009. In light of this and the potential changes in service delivery the RB was not in a position to consider these reports at this time.

**Recommendation 10: the RB recommends that the HLG engage directly with the National Director PCCC to establish appropriate interim measurers pending the publication of the report.**

6.11 Kerry General Hospital: a total of three reports on staffing requirements were presented by the Director of Nursing after the RB had commenced work. During the verification process the RB was made aware of a HSE review of hospital services and bed configurations in HSE South.

**Recommendation 11: the RB recommends that the HLG engage directly with relevant personnel in the National Hospital's Office to establish an appropriate interim measure.**

6.12 Quality and risk indices: the RB sourced quality and risk data from a number of sources to assist in the development of quality and risk indices for the evaluation process. Deficits in the quality and completeness of data was a factor which inhibited the RB in its work. Some locations had not reported any patient incidents e.g. slips/trips/falls and medication errors. Deficits were also identified where staff musculo-skeletal injuries were not reported. When information was sought on patient complaints some locations had not reported any complaints since the Office of Consumer Affairs was established. The deficits in the availability of data resulted in the RB not being able to award scores for these indices.

**Recommendation 12: the RB recommends that the deficits identified in sourcing available data is brought to the attention of the National Directors for PCCC and the NHO as well as the Head of Consumer Affairs and the Head of Quality and Risk.**

## Summary

A total of 12 recommendations are made by the RB to assist the HLG to progress the report's findings to an implementation stage. The recommendations made are considered reasonable. They have been made with the objective of enhancing the quality and safety of patient care and the environment for patients and staff. The recommendations should also assist in the development of an implementation plan to monitor and manage the increase in resources which have been verified. The recommendations should also assist in enhancing partnership working at all levels between the parties involved.

## Review of Staffing Recommendations

### Terms of Reference

#### Composition of Review Body

Chairperson:	Ms. Rosemary Ryan
Management Nominee:	Dr. Siobhan O'Halloran, Nursing Services Director, HSE.
Union Nominee:	Mr. David Hughes, Deputy General Secretary, INO.

#### Terms of Reference

The Review Body will be asked to analyse staffing reviews at specified locations (listed below) with a view to recommending an appropriate implementation/timeline arrangement having regard to the following considerations:

1. The current staffing/skill mix and budgetary position of the specific location / service
2. Based on an analysis of number one above, where appropriate, draw up an action plan, for full implementation having regard to;
  - a) *The overall budgetary position of the HSE and employment control measures across the Executive as a whole.*
  - b) *The need to ensure the highest quality of patient care and safety.*
  - c) *The capacity of the HSE to secure funding to support implementation of the outstanding agreements through the Estimates process.*
  - d) *The commitment given by HSE to fully implement all outstanding agreements.*
3. A report of the Review Body's recommendations to be forwarded to both the National Director of Human Resources, HSE and General Secretary Of the INO by Monday 1 December 2008.

#### Specified Locations/Services

Baltinglass Community Hospital  
St. Josephs Hospital, Ennis  
St. Camillus Hospital, Limerick  
Bru Chaoimhin  
St. Josephs Hospital Longford / Birr Community Unit  
Dalkey Community Unit  
St. Brigid's Carrick-on Suir  
Wexford General Hospital (A&E)  
St. Patrick's Cashel  
Care of the Elderly , HSE West Fitzpatrick Report.

## **HSE Employer's Agency and INO**

### **Review Body**

#### **Phasing – definition and description**

**Definition** refers to phases for implementation of agreed priority decisions.

1. Phase 1: refers to the first 3-6 months
2. Phase 2: refers to the next 6-12 months
3. Phase 3: this phase will roll forward into year 2.

The funding for the implementation of the three phases should be spread over a maximum of three service plans.

#### **Policy for Implementation**

Health Care Assistants (HCAs) – when planning the phasing of the introduction of HCAs local management should ensure:

1. Adequate support from RGN/Ms as supervisors and preceptors
2. Appropriate integration of the HCA role in the healthcare team

#### **Reduction of nurses' hours to 37.5hrs**

Where the reduction in nurses' hours has not been possible then any allocation of resources must in the first instance be used to address the reduction.

Agreed 16-01-09

## HSE Employer's Agency and INO

### Review Body

### Scoring /Weighting for Evaluation

#### Introduction

The assessment of each validated report must be assessed as objectively as possible.

The Review Body has agreed to use a qualitative and quantitative approach for the evaluation. The output from the evaluation will assist in preparation of a timetable for implementation of agreed reports.

#### Quantitative assessment

This has been divided into two categories:

1. Report status – overall score = 7 (28%):
  - a. Non-implementation of High Level Group agreements (High Level Group for Industrial Relations (reference 2016))
    - i. non-implementation of report = 2;
    - ii. partial implementation of report = 1 and
    - iii. full implementation = 0
  - b. Labour Court Recommendation (LRC)
    - i. yes = 1
    - ii. no = 0
  - c. Date of report or LCR
    - i. 2008, 07, 06 = 1
    - ii. 2005, 04 = 2
    - iii. 2003, 02 = 3
    - iv. 2001 and older = 4
2. Person safety – total of 9 (36%)
  - a. Patient safety - total score = 3
    - i. Slips/trips/falls (s/t/f). In the absence of a national standard a random sample was extracted from the CIS data. Analysis of this data demonstrated an average of one s/t/f per patient per year in the services reviewed. On the basis of this,

and in the absence of an appropriate generic standard the following scoring was agreed:

1. < 1 s/t/f per patient per year = 0
  2. 1 s/t/f per patient per year = 1
  3. > 1 s/t/f per patient per year = 2
  4. >2 s/t/f per patient per year = 3
- b. Medication errors (ME) – total score = 3
1. < 1 ME per patient per year = 0
  2. 1 ME per patient per year = 1
  3. > 1 ME f per patient per year = 2
  4. >2 ME per patient per year = 3
- c. Staff safety - total score = 3
1. < 1 MS per nurse/HCA per year = 0
  2. 1 MS per nurse/HCA per year = 1
  3. > 1 MS per nurse/HCA per year = 2
  4. >2 MS per nurse/HCA per year per year = 3

### Qualitative assessment

Quality refers to a qualitative/subjective assessment.

The Review Body will consider each validated report on an individual basis taking account of all information contained in the report and any additional information provided through the verification process. This information will be used to award marks if appropriate to the hospital/unit/site.

#### Service quality

The total score for service quality is = 9 (36%).

Consideration will also be taken of endeavours undertaken by staff in pursuing projects/awards for quality and safety e.g.

1. Complaints – total score of 3
  - a. <1 complaint notified to Office of Consumer Affairs per year = 0
  - b. 1 complaint notified to Office of Consumer Affairs per year = 1
  - c. > 1 compliant notified to Office of Consumer Affairs per year = 2
  - d. > 2 complaints notified to Office of Consumer Affairs per year = 3
2. Additional information from verification reports – total score of 2
  - a. Patients put to bed early in the evening: yes = 0.5; no = 0
  - b. Patients remaining in bed at weekend: yes = 0.5; no = 0

Draft report/2<sup>nd</sup> April 2009

- c. Absence or lack of patient activities: yes = 0.5; no = 0
  - d. Fire safety and security: yes = 0.5; no = 0
3. Discretionary – total of 4
- a. Application for Quality and Safety/Risk Management awards
  - b. Preparation for implementation of HIQA standards
  - c. Participation in projects e.g. Person Centred Project for Older People
  - d. Innovations in delivery of patient services.

Agreed 16 01 09

**Data Collection Tool**

**Name of Organisation:**

**Title of Report:**

(LCR or Review Body)

**Director of Nursing / Midwifery:**

**Contact Details:**

**Questions:**

1. Have any of the recommendations been implemented?

2. If yes which recommendations have been implemented?

3. Which recommendations are outstanding?

4. Are there impediments preventing the implementation of the recommendations?

5. How has your service coped in the absence of the implementation of recommendations?

6. Have costs related to the recommendations been assessed and if so what are they?

7. Has any funding been made available to date to address the deficits identified in the service review ?

**Additional Comments:**

**Information Collected by:**

**Contact Details:**

**Date:**

## Standard Report Format for Verification Data

## Verification of Reports/LCR Recommendations for Staffing Levels in Health Service Locations

HSE West/Mid West	Report	Year	Bed numbers	WTE N/M	WTE HCA	WTE Support	Comment on recommendations
1. Ennis General Hospital, Male and Female Medical Wards, Co Clare	Keith Hurst / NMPDU	2007	142 FW =25 MW = 24	10.20 FW 10.50 MW	7.06 FW 7.29 MW	N/A	Partial implementation. CNM2 0.5 WTE (x 2) introduced for night duty (no WTE or budget). Staff over stretched, low morale. Care pathways not progressed. Local agreement on HCA job-description required.
2. St Ita's Hospital, Newcastle West, Co Limerick	Nora Fitzpatrick	2007	128	13.75	19.00	N/A	Not implemented. DON asked to prioritise from requirement outlined in report (nursing 44.45 WTE and HCA 26.87 WTE). Capacity for supervision and care planning a concern.
3. St Camillus Hospital, Limerick	LCR Nora Fitzpatrick NMPDU	1998 2007 2007	222	07.84	13.21	N/A	Not implemented. Manual handling training and examination of role of Health Care Assistant introduced. Overtime and agency use and absenteeism have risen. Personal development and education cannot be a priority.
4. Community Hospital of the Assumption, Thurles, Co Tipperary	Nora Fitzpatrick	2007	72	12.00	07.49	02.10	Not implemented. Extra curricular patient care activities now ceased. Service development and delivery concerns re safety and risk. Training and staff development curtailed.
5. St Conlon's Community Nursing Unit, Nenagh, Co Tipperary	Nora Fitzpatrick	2007	33	13.20	09.50	03.23	Not implemented. Frequent revision of rosters required to cope with workload and challenges in implementing new policies and procedures. Safety and risk issues identified.

6.	Dean Maxwell Community Nursing Unit, Roscrea, Co Tipperary	Nora Fitzpatrick	2007	35	10.00	10.00	2.35	Not implemented. Overtime with time in lieu used to cover deficits in staffing required for service provision.
7.	St Joseph's Hospital, Ennis, Co Clare	Betty Brady Nora Fitzpatrick	2000 2007	222 (reduced from 228)	21.49	75.6	-41.76 (domestic) +11.25 (catering)	Not implemented. Director received letter from the HSE indicating that they are prepared to recommend 4 WTE nursing staff for approval. Clinical risk and infection control requires increased staffing. Clerical staff urgently required.
8.	Raheen Community Hospital, Co Limerick	Nora Fitzpatrick	2007	33	N/A	09.00	01.20	Not implemented.
9.	Regina House, Community Nursing Unit, Kilrush, Co Clare	Nora Fitzpatrick	2007	39	07.40	-01.72	09.23	Not implemented. Currently providing basic nursing care but aim to provide person centred holistic care.
10.	Ennistymon Community Hospital, Ennistymon, Co Clare	Nora Fitzpatrick	2007	31	05.79	15.50	02.75	Not implemented. Using nursing agency to fill the gaps. Health and safety of residents is an escalating issue. Have received funding to establish partnership group. Skill mix and training updates required.
11.	Regional Maternity Hospital, Co Limerick	Staff of Hospital using Birth Rate Plus	2007	4,700 births	16.00	04.00	N/A	Not implemented. Staffing inadequate for workload, particularly theatre, night duty and neonatal unit – now 5200 births pa. Clinical incident reports show inadequate staffing levels linked to medication errors, delayed care and treatment, staff stress, poor uptake of breastfeeding, and patient complaints. Neonatal requirements assessed separately and not in report and therefore not considered by Review Body.
	<b>HSE West</b>	<b>Report</b>	<b>Year</b>	<b>Bed numbers</b>	<b>WTE N/M</b>	<b>WTE HCA</b>	<b>WTE Support</b>	<b>Comment</b>
1.	St Anne's' Community Nursing Unit, Clifden, Co Galway	Nora Fitzpatrick	2007	27 (reduced from 34)	02.00	N/A	N/A	Partial implementation. Nursing and support staff WTE ceiling increased to 12.56 (+3.41) and 23.58 (+7.58) respectively (no increased in budget). Bed numbers reduced because of inability to meet all care needs of

							residents. Roles clarified for support staff – skill mix implemented. Individualised care plans and person centered care achieved.	
2.	St Francis Community Nursing Unit, Newcastle, Co Galway	Nora Fitzpatrick	2007	38	04.14	05.50	N/A	Partial implementation. 3.86 WTE Nurses; 4 WTE HCAs and 1WTE Laundry. Skill mix ratio of 60:40 achieved and HCAs trained.
3.	Arus Mhuire Community Nursing Unit, Tuam, Co Galway	Nora Fitzpatrick	2007	24	00.55	02.89	03.50	Partial implementation. The ceiling for Nursing Staff has increased to 14.55WTE inclusive of 5.5 additional WTE's for hospice care. When 5.5 is deducted from 14.44 the WTEfor the existing service is 9.05 indicating that there was an increase of 2.05 WTE nursing staff. Currently unable to achieve clarity for support staff roles.
4.	Aras Mac Dara Community Nursing Unit, Carraroe, Co Galway	Nora Fitzpatrick	2007	52 (reduced from 57)	01.69	01.29	N/A	Partial implementation. Approval received to recruit two additional nursing staff and three additional care attendants. Bed capacity has been reduced from 57 to 52 beds.
5.	Aras Ronan Community Nursing Unit, Aran Islands, Co Galway	Nora Fitzpatrick	2007	14	N/A	N/A	N/A	Fully implemented
6.	St Brendan's Loughrea, Co Galway	Nora Fitzpatrick	2007	122 (reduced from 130)	13.30	-09.70	N/A	Not implemented. Overtime used to meet service requirements. Nursing care prioritised. Person centred care planning introduced. Rosters reviewed. Continence practice reviewed with cost savings.
7.	Clifden District Hospital, Co Galway	Nora Fitzpatrick	2007	30 (reduced from 32)	02.81	02.06	00.20	Not implemented. Very reliant on good will of staff to meet unexpected need in order to maintain quality of patient care.
8.	Belmullet Community Hospital, Co Mayo	Nora Fitzpatrick	2007	80	05.00	04.30	N/A	Partial implementation. Increase in 2 WTE has allowed for second nurse on night duty. Bed occupancy is low in

							the long stay residential unit. Quality of life for residents becomes and issue at times.
9. Mac Bride Community Nursing Unit, Westport, Co Mayo	Nora Fitzpatrick	2007	39	05.00	05.00	N/A	Partial implementation. Nursing staff increased by 2 WTE. At present the nursing care is routinised and prioritised around the physical aspects of care. The use of care plans, policy development and education has been curtailed.
10. St Fionnan's Community Nursing Unit, Achill, co Mayo	Nora Fitzpatrick	2007	32	03.00	02.00	00.70	Not implemented. Care needs are prioritised and quality of life activities become less of a priority at times
11. District Hospital, Swinford, Co Mayo	Nora Fitzpatrick	2007	40	03.00	02.00	01.50	Not implemented. Coping by using multitask attendants.
12. Sacred Heart Hospital Castlebar, Co Mayo	Nora Fitzpatrick	2007	146 (reduced from 180)	01.00	N/A	N/A	Not implemented.
13. St Augustine's Community Nursing Unit, Ballina, Co Mayo	Nora Fitzpatrick	2007	39	02.60	05.00	03.00	Partial implementation. WTE ceiling for nursing staff has increased from 11.60 to 13.90. Person centred care planning introduced but it is difficult to carry out the range of assessments required.
14. D'Alton Community Nursing Unit, Claremorris, Co Mayo	Nora Fitzpatrick	2007	39	05.80	05.00	0.40	Not implemented. Part-time staff work additional hours to cope with workload. Practice development initiatives on hold.
15. District Hospital, Ballina, Co Mayo	Nora Fitzpatrick	2007	62	06.00	04.00	01.00	Not implemented. Reliant on the commitment of staff. Voluntary overtime is common. Increased dependency of patients. Rostering changes have been made.
16. Aras Mhathair Phoil CNU, Castlerea, Co Roscommon	Nora Fitzpatrick	2007	34 (reduced from 40)	07.64	08.00	03.00	Not implemented. Concern about staffing ratio recommended. Additional submission made from staff to the Review Body. Fire safety at risk at night.

17. Plunkett Community Nursing Unit, Boyle, Co Roscommon	Nora Fitzpatrick	2007	60	11.59	07.80	04.50	Partial implementation. WTE ceiling for nursing staff increased to 14.5 from 13.30. Two agency staff employed. Additional staff are brought in on a short term basis if patient safety is in question.
18. Sacred Heart Hospital, Roscommon	Nora Fitzpatrick	2007	146 (reduced from 182)	20.00	00.50	10.50	Partial implementation. Beds decreased permanently x 34 (20%) staffing required reduced x 8 WTE. Practices around the organisation and delivery of care have been reviewed.
<b>HSE West/North West</b>	<b>Report</b>	<b>Year</b>	<b>Bed numbers</b>	<b>WTE N/M</b>	<b>WTE HCA</b>	<b>WTE Support</b>	<b>Comment</b>
6. Carndonagh Community Hospital, Co Donegal	Nora Fitzpatrick	2007	39	04.00	06.00	N/A	Not implemented. Absence managed with either time in lieu, overtime or replacement of S/N grade with HCA grade.
7. Lifford Community Hospital, Co Donegal	Nora Fitzpatrick	2007	40	02.20	01.50	N/A	Not implemented. Absence managed with either time in lieu, overtime or replacement of S/N grade with HCA grade.
8.							
9. Shiel Community Hospital, Ballyshannon, Co Donegal	Nora Fitzpatrick	2007	47	N/A	07.30	N/A	Not implemented. Absence managed with either time in lieu, overtime or replacement of S/N grade with HCA grade.
10.							
11. Donegal Town Community Hospital, Co Donegal	Nora Fitzpatrick	2007	28	01.00	04.00	N/A	Not implemented. Absence managed with either time in lieu, overtime or replacement of S/N grade with HCA grade.
12.							
13. Dungloe Community Hospital, Co Donegal	Nora Fitzpatrick	2007	44	04.00	03.50	N/A	Not implemented. Absence managed with either time in lieu, overtime or replacement of S/N grade with HCA grade.
14.							
15. Killybegs Community Hospital, Co Donegal	Nora Fitzpatrick	2007	41	03.50	05.00	N/A	Not implemented. Absence managed with either time in lieu, overtime or replacement of S/N grade with HCA grade.
16.							
17. St Joseph's Hospital, Stanorlar, Co Donegal	Nora Fitzpatrick	2007	92	10.00	13.00	N/A	Not implemented. Absence managed with either time in lieu, overtime or replacement of S/N grade with HCA grade.
18.							
19. Falcarragh Community Nursing Unit, Co Donegal	Nora Fitzpatrick	2007	35	04.25	06.50	N/A	Not implemented. Absence managed with either time in lieu, overtime or replacement of S/N grade with HCA

							grade. High risk times are 17.00-21.00.
20. Ramelton Community Nursing Unit, Ramelton, Co. Donegal	Nora Fitzpatrick	2007	38	02.00	03.00	N/A	Not implemented. Absence managed with either time in lieu, overtime or replacement of S/N grade with HCA grade. Business case for increase in staff submitted to LHO in Nov 2008. Concerns about risk if current staffing levels continue.
21. Buncrana Community Nursing Unit, Co Donegal	Nora Fitzpatrick	2007	30	03.00	03.00	N/A	Not implemented. Absence managed with either time in lieu, overtime or replacement of S/N grade with HCA grade. Concern about staffing levels particularly on night-duty, which could pose a potential risk for patients.
22. Rock Community Nursing Unit, Ballyshannon, Co Donegal	Nora Fitzpatrick	2007	33	07.00	02.75	N/A	Not implemented. Absence managed with either time in lieu, overtime or replacement of S/N grade with HCA grade.
23. St John's Hospital, Ballytivnan, Co Sligo	Nora Fitzpatrick	2007	195	05.50	20.00	N/A	Not implemented. Absence managed with either time in lieu, overtime or replacement of S/N grade with HCA grade.
24. St Patrick's Hospital, Carrick-on-Shannon, Co Leitrim	Nora Fitzpatrick	2007	113	02.50	02.00	N/A	Not implemented. Absence managed with either time in lieu, overtime or replacement of S/N grade with HCA grade. Increased rigidity in relation to budget management a concern.
25. Arus Breffini Nursing Unit, Manorhamilton, Co Leitrim	Nora Fitzpatrick	2007	32	07.00	04.20	N/A	Not implemented. Absence managed with either time in lieu, overtime or replacement of S/N grade with HCA grade.
26. Arus Carolan Nursing Unit, Mohill, Co Leitrim	Nora Fitzpatrick	2007	40	05.00	04.00	N/A	Not implemented. Absence managed with either time in lieu, overtime or replacement of S/N grade with HCA grade. Increased rigidity in relation to budget management a concern.

27. Our Lady's Hospital, Manorhamilton, Co Leitrim	Nora Fitzpatrick	2007	35 (beds reduced from 56)	03.00	07.00	N/A	Not implemented. Absence managed with either time in lieu, overtime or replacement of S/N grade with HCA grade.
28. Cregg House, Sligo (Sisters of La Sagesse Services)	LCR 18715	2006	N/A	15.00	N/A	N/A	Partial implementation. 1 WTE CNM1 appointed. Promotions posts (upgrades of S/N positions introduced without out funding). Waiting list increased. Cross covering impacts on quality. Service expansion deferred.
<b>HSE Dublin Mid Leinster</b>	<b>Report</b>	<b>Year</b>	<b>Bed numbers</b>	<b>WTE N/M</b>	<b>WTE HCA</b>	<b>WTE Support</b>	<b>Comment</b>
1. Community Nursing Unit, Birr, Co Offaly	Edna Cobain	2005	90	04.00	22.00	05.00	Partial implementation. 2 WTE CNM2 for night duty. DON received formal letter form Assistant National Director in January 07 committing to implementation of 25% or recommendation – this did not take place. Health and safety of residents and staff a big concern. Patient acuity increased particularly for respite and rehabilitation patients.
2. Baltinglass District Hospital, Co Wicklow	Eithne Ni Dhomhnaill	2003	68 (reduced)	03.10	N/A	N/A	Partial implementation. A local partnership meeting agreed a phased introduction in the increase in staffing at 5.5 WTE staff nurses (mid 2007) this has not taken place. Staff on reduced hours work extra time to assist with workload. 0.5 wte S/N appointed and 1 WTE S/N due to commence in Jan 09. There are also 0.5 CNM2 and 1 A/DON currently vacant.
3. Dalkey Community Unit, Co Dublin	Edna Cobain	2006 2008	50	03.10	07.70	N/A	Not implemented. use bank and agency aprox 4 WTE S/N and 10 WTE HCA per week. Currently have 11 WTE vacancies.
4. St Jospeh's Care Centre, Longford	Edna Cobain	2004	142 (reduced from	12.10	N/A	N/A	Partial implementation. HCA x 21 WTE and S/N x 3. Use agency and overtime. Significant number of staff have accrued time owed – 12,000 hours due. A/DON

			168)				office closed from 18.00 seven days.
5. Bru Chaoimhin, Cork Street, Dublin	Eithne Ni Dhomhnaill LCR and Janet Hughes	2003 2003	80 (reduced from 149)	03.00	N/A	N/A	Partial implementation. ADON x1 WTE; CNM3 x 1 WTE; CNM2 x 3 WTE; CNM1 x 4 WTE; S/N x 4 WTE; HCA x 5 WTE. CNM1 x 1 and CNM2 x2 outstanding. Use of nursing agency decreased but not for HCAs. Serious concerns with delays filling vacancies.
6. Moore Abbey Laois/Offaly	LCR 17698 Harmon	2004 1999	02.00	N/A	N/A	N/A	Partial implementation. Six staff nurse posts. Service developments and initiatives have been curtailed.
7. Moore Abbey South Kildare	LCR 17698 Harmon	2004 1999	15.72	N/A	N/A	N/A	See comments above.
<b>HSE South</b>	<b>Report</b>	<b>Year</b>	<b>Bed numbers</b>	<b>WTE N/M</b>	<b>WTE HCA</b>	<b>WTE Support</b>	<b>Comment</b>
1. St Patrick's Hospital, Cashel, Co Tipperary	Edna Cobain LCR	2002 2006	171	03.31	08.35	01.50	Partial implementation: nursing staff increased by 14.28 WTE since 2002; support staff 13.7 WTE and admin by 0.9 WTE. Patient dependency has increased significantly since the report was completed.
2. St Brigid's, Carrick-on-Suir	LCR 17835 Betty Brady	2004 2005	21	03.00	03.40	00.50	Not implemented. Two agency staff for night duty used since July 2007. Staff do overtime with time in lieu to cope with workload. Dependency has increased since report completed.
3. Wexford General Hospital – Emergency Department	Edna Cobain LCR 19348	2006 2008	N/A	N/A	05.00	01.20	Partial implementation. In January 2007 6.7 WTE nurse and 2.36 WTE HCAs appointed. The workload in the department remains at an unacceptable high level.
4. St John's Community Hospital, Enniscorthy, Co Wexford	Internal Following LCR 18727	2008	Based on 145 beds (169 currently open)	11.69	04.10	02.07	Not implemented. Falls rate high at 175 in 2007, 17 weeks time back owed to staff, have shortened the patients' day and meal times to cope with deficits in staffing.

<b>HSE Dublin North East</b>	<b>Report</b>	<b>Year</b>	<b>Bed #</b>	<b>WTE N/M</b>	<b>WTE HCA</b>	<b>WTE Support</b>	<b>Comment</b>
1. Cavan General Hospital – Emergency Department	Serious incident review	2004	Emergency Department	04.00 (RCN)	N/A	N/A	Partial implementation. CNM2 for paediatric emergency in post. S/N x 6 WTE appointed to the department (2 with paediatric training). Dedicated triage and paediatric nurses on duty 24 hours per day and 24 our clerical support in place.

### Health Service Providers: Recommended WTE x Grade and Cost

The detailed information for each location with the recommended number of WTEs per discipline and the costs are located on the following spreadsheets.

#### Costing methodology used

1. The pay scales used were as at the 01-Sept-2008.
2. The assumed pay level used was primarily the mid-point of the relevant grade.
3. A provision of 20% was included to cover overtime and allowances.
4. A rate of 10.75% employers PRSI was applied.

1st September 2008	Point on the scale	Salary	Allowances	PRSI 10.75%	Total
Assistant DofN (Non-band 1 hospitals)	4th	61220	12244	7897	81362
Clinical Nurse Manager 3 (general)	3rd	62106	12421	8011	82540
Clinical Nurse Manager 2 (general)	5th	54188	10837	6990	72016
Clinical Nurse Manager 1 (general)	4th	49359	9871	6367	65599
Staff nurse	6th	39630	7926	5112	52668
Health Care Assistant	4th	32220	6444	4156	42820
Grade IV Clerical	5th	37410	7482	4825	49718
Laundry workers	4th	30526	6105	3937	40569
Catering Officer Grade 3	5th	37409	7481	4825	49717
Chef 11 (formerly cook grade 11) with qualification	5th	30022	6004	3872	39899
Domestic	4th	30526	6105	3937	40569