



Waitemata
District Health Board
Best Care for Everyone

DHB Board Office
15 Shea Terrace
Takapuna, Auckland 0622
Private Bag 93-503, Takapuna
North Shore City 0740
Telephone: 09 486 8900
Facsimile: 09 486 8924
www.waitematadhb.govt.nz

30 August 2018



Dear 

Re: Short staffing incident reports

Thank you for your Official Information Act request of 6 August 2018 seeking the following of Waitemata District Health Board (DHB):

- *Could you please send me through incident reports relating to short staffing for the last 3 months? Can I also please request the response and outcomes?*

On 24 August 2018, Waitemata DHB wrote back to you with concerns of providing actual copies of the RiskPro forms due to the personal contact details provided, some observations reflecting the 'heat of the moment' responses and the potential for our staff to be less likely to report future events due to an expectation that these reports are private matters between them and Waitemata DHB.

We suggested that Waitemata DHB could provide a summary of each incident report (rather than the report itself) and the investigation findings where the investigation has been completed. Additionally, if required, we would also allow you to come and look at the hard copies of the original incident reports.

On the same date, you confirmed that this was acceptable, the important information being the number of reports, where they come from and the response and outcome if any.

Before responding to your revised request, some contextual information may assist your understanding of the scale of our services and our workforce.

Waitemata DHB is the largest DHB in the country, serving a population of more than 630,000 people and employing around 7,500 staff. In addition to providing care to our own resident population, we are also a regional provider of care across forensic psychiatry, alcohol and drug rehabilitation, child and adolescent dental and child disability services.

There is a direct link between the size of our population, the significant scale of services we provide and the opportunity for incident reporting. Caution is, therefore, advised in comparing raw event numbers between different district health boards unless it is clear that their clinical caseload is of similar complexity.

Waitemata DHB takes incident reporting seriously, staff are encouraged to complete incident reports where necessary and the outcomes are used to continuously improve our work environment and service offering.

You will note from the data provided in this response that sick calls by our staff were specifically listed as a key factor in almost one-third (14 out of 43) reported incidents during the period covered by your request.

In these situations, the DHB does everything possible to find replacement staff, often at short notice, to ensure those who are able to work are properly supported and able to provide the highest standard of care to our patients. This is not always possible and we appreciate the additional demand this places on rostered staff.

Waitemata DHB strives to be a supportive employer and we encourage our staff to take sick leave when necessary. We also encourage all staff to take advantage of free annual influenza immunisation at work to help protect themselves, their families and our patients.

A high rate of immunisation is a key way of reducing the rate of sick days by our staff and, therefore, reducing the number of incident reports due to sick calls.

Furthermore, Waitemata DHB is committed to ensuring staff shortages are minimised, as part of an on-going recruitment plan.


With this in mind, please see the requested information attached in appendix one.

Waitemata DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

We hope this reply satisfies your request.

Yours sincerely,



Fiona McCarthy
Director Human Resources
Waitemata District Health Board

Appendix One: Short Staffing Incidents May - July 2018

Incident	Department	Time	Date	Type of Incident	Outcome of Incident
#1	Waiatarau	16:00	04-May	Concerns raised with regards to skill mix on the ward during a night shift; pre-registration nurse and two out-of-five nurses new graduates.	Roster originally had five experienced staff on shift but due to three RNs calling in sick this left shortages for that shift. Able to be replaced with the two new graduate nurses and a registered nurse who was response trained. All staff are paid an un-relieved meal break on PMs and the expectation is that if duress alarm sounds on break, staffs do respond (as are paid for this).
#2	Maternity Facility NSH	00:00	10-May	Unable to cover sick call, which impacted on staff: patient ratio and staff ability to take breaks.	Safe staffing escalation plan in place, on-going recruitment to vacancies, and use of bureau and lead maternity carers.
#3	Waiatarau	08:00	10-May	Concerns raised regarding low staff numbers due to sick calls; three of the four nurses on shift were new graduates. Impacted on staff: patient ratio and ability to take breaks.	Full quota of staff rostered for shift but unable to fill vacancies left by sick calls; small pool of casual staff for this specialist area that are able to work during the week.
#4	Muriwai Ward	07:00	13-May	Concerns rose regarding increased acuity of patients; staff ratio 1:6. Blood transfusion delayed due to high acuity.	Usual level of safe staffing (which was rostered) is 1:5; RN required to be sent to another ward and ED nurse sent for 3.5 hours to task. Debrief with coordinator undertaken.
#5	Ward 8	23:15	13-May	Unable to cover sick call, which impacted on staff: patient ratio and staff ability to take breaks.	CNM and DNM had been unable to replace the RN cover; shortage acknowledged by management.
#6	Outpatients NSH	13:30	14-May	Delays in patient cares during early pregnancy clinic due to short staffing from sick calls. Unable to take break as the Patient Care Assistant was inexperienced and not familiar with clinic.	Shortage acknowledged by management; unable to replace the vacancy from a sick call as no other experienced staff available.
#7	Emergency Department WTH	15:30	14-May	Unable to cover sick call, which impacted on staff: patient ratio and staff ability to take breaks.	Shortage acknowledged by management; unable to replace the vacancy from a sick call as no other staff available.
#8	Child Respite	23:00	18-May	Full complement of children in the villas on night shift which with current staff meant a 1:6 staff: patient ratio. However, inadequate staff numbers available which required the coordinator to take a villa impacting on their	All avenues to find bureau staff and own staff to cover sick calls exhausted; situation not ideal and acknowledged by management. Very experienced regular night shift staff working and good team work ensured a

				ability to complete overall checks on staff and the children in their care.	safe shift.
#9	Outpatients WTH	08:00	25-May	Unable to cover short notice sick call, which impacted on staff: patient ratio and staff ability to take breaks.	Management acknowledged the shortfall; two RNs sourced by DNM to assist with tasks.
#10	ADU WTH	00:00	29-May	Unable to cover short notice sick call, which impacted on staff: patient ratio and staff ability to take breaks.	Management acknowledged the shortfall and re-enforced that when feeling unsafe then coordinators need to let the DNM know immediately for support.
#11	Ward 10 (Prev. Ward 5)	00:00	01-Jun	High acuity due to one HCA vacancy on roster and an RN who did not turn up for her shift (unsure of reason).	CNM acknowledged short staffing; vacancies unable to be filled on roster. Recruitment of new staff underway.
#12	Outpatients WTH	08:00	01-Jun	High acuity patients on morning shift which coincided with the new infusion pump roll out.	Staff supported by CNM on the day. Roll out of new pumps not negotiated with unit. Managed very well by staff on the day.
#13	Muriwai Ward	14:30	01-Jun	Unable to cover short notice sick call, which impacted on staff: patient ratio and staff ability to take breaks.	All avenues to find bureau staff and own staff to cover sick calls exhausted; situation not ideal and acknowledged by management.
#14	Muriwai Ward	23:30	01-Jun	High acuity due to an RN being sent to another ward.	Cover model breached for night shift i.e. 1:13 patients instead of 1:10 patients. HCA sent by DNM to help out.
#15	Emergency Department WTH	18:00	05-Jun	Increased acuity and staff: patient ratio due to roster vacancy.	Currently under investigation by CNM.
#16	Ward 15 NSH	07:00	06-Jun	High acuity and increased staff: patient ratio as one RN moved to another ward.	DNM allocated the RN to another ward that then had eight nurses plus a CNM and this ward had six nurses and a CNM. Escalated to daily operations to consider fairness of decision.
#17	Ward 5 (Prev. Ward 10)	15:00	08-Jun	Unable to cover two sick calls which impacted on staff: patient ratio.	Currently under investigation by CNM.
#18	ADU WTH	15:00	08-Jun	High acuity patient load in ADU on PM shift impacting on care delivery times.	The movement of an HCA to watch a patient meant there was no-one to clean discharge beds so the RNs were doing this. Nurse reporting incident and they will have some on-going support for time management and be working AM shifts for the next roster.

#19	ADU WTH	07:00	13-Jun	RN reports a busy shift and a high acuity.	Nurse who does not ask for help or accept when offered; did not inform coordinator that they were struggling. Clinical Coach will work with RN.
#20	Ward 7	14:45	13-Jun	High acuity patients with 1:6 ratios.	Under investigation by CNM
#21	Emergency Department NSH	07:00	16-Jun	Staff member concerned about short turn around in shift from PM to AM shift as they live a distance from the hospital.	Currently under investigation by CNM.
#22	Emergency Department NSH	23:00	16-Jun	Unable to cover roster vacancies which impacted on staff: patient ratio.	Inadequate staff numbers acknowledged by management; shift managed closely by ACCN so that everyone was able to have a break.
#23	Ward 11	23:00	19-Jun	Inadequate staff to meet high acuity as one RN sent by DNM to another ward that was short.	Daily Operations asked to comment on incident; short staffing acknowledged by management. Staff encouraged continuing to log similar incidents.
#24	Ward 3	13:00	22-Jun	Inadequate staffing due to high acuity.	Currently under investigation by CNM.
#25	Emergency Department NSH	03:00	01-Jul	High acuity and increased staff: patient ratio due to staff vacancies.	Under investigation by CNM.
#26	Maternity Facility NSH	22:45	03-Jul	High acuity and increased staff: patient ratio due to staff vacancies.	Under investigation by midwife manager.
#27	ADU NSH	17:00	09-Jul	High acuity and increased staff: patient ratio due to staff vacancies.	Under investigation by CNM.
#28	Maternity Facility NSH	23:00	09-Jul	High acuity and increased staff: patient ratio due to staff vacancies.	Under investigation by midwife manager.
#29	Titirangi Ward	07:00	10-Jul	High acuity and increased staff: patient ratio due to staff vacancies.	Under investigation by CNM.
#30	Emergency Department NSH	01:00	13-Jul	High acuity and increased staff: patient ratio due to staff vacancies.	Under investigation by CNM.
#31	Emergency Department WTH	09:00	16-Jul	High acuity and increased staff: patient ratio due to staff vacancies.	Under investigation by CNM.
#32	Emergency Department WTH	11:00	16-Jul	High acuity and increased staff: patient ratio due to staff vacancies.	Under investigation by CNM.
#33	Emergency Department WTH	18:00	16-Jul	High acuity and increased staff: patient ratio due to staff vacancies.	Under investigation by CNM.

#34	ESC Inpatient Ward	22:30	18-Jul	High acuity and staff: patient ratio as RN sent to another ward.	Under investigation by CNM.
#35	Emergency Department NSH	07:00	19-Jul	High acuity and staff: patient ratio due to inability to cover a sick call.	CNM acknowledged short staffing; RNs appropriately escalated to senior staff in the department. Recruitment of new staff underway.
#36	Maternity Facility NSH	15:00	19-Jul	High acuity and staff: patient ratio due to inability to cover a sick call.	All avenues to find bureau staff and own staff to cover sick calls exhausted; situation not ideal and acknowledged by management.
#37	Emergency Department NSH	00:00	20-Jul	High acuity and staff: patient ratio due to inability to cover roster vacancies.	Under investigation by CNM.
#38	Emergency Department NSH	07:00	20-Jul	High acuity and staff: patient ratio due to inability to cover a sick call.	CNM acknowledged short staffing; RNs appropriately escalated to senior staff in the department. Recruitment of new staff underway.
#39	Ward 6	07:00	24-Jul	RN reports a busy shift and a high acuity.	RN assisted through shift by coordinator/ward rounder to manage her load.
#40	Ward 3	12:00	29-Jul	High acuity and increased staff: patient ratio due to staff vacancy.	Under investigation by CNM.
#41	Emergency Department NSH	14:45	29-Jul	High acuity and increased staff: patient ratio due to staff vacancies.	Under investigation by CNM.
#42	Emergency Department NSH	07:00	30-Jul	High acuity and increased staff: patient ratio due to staff vacancies.	All avenues to find bureau staff and own staff to cover sick calls exhausted; situation not ideal and acknowledged by management.
#43	Maternity Facility NSH	22:45	31-Jul	High acuity and increased staff: patient ratio due to staff vacancy.	Under investigation by midwife manager.

Glossary

DNM: Dirty Nurse Manager
 CNM: Charge Nurse Manager
 ED: Emergency Department
 RN: Registered Nurse
 ACCN: Associate Clinical Charge Nurse
 AM: Morning shifts
 PM: Evening shifts