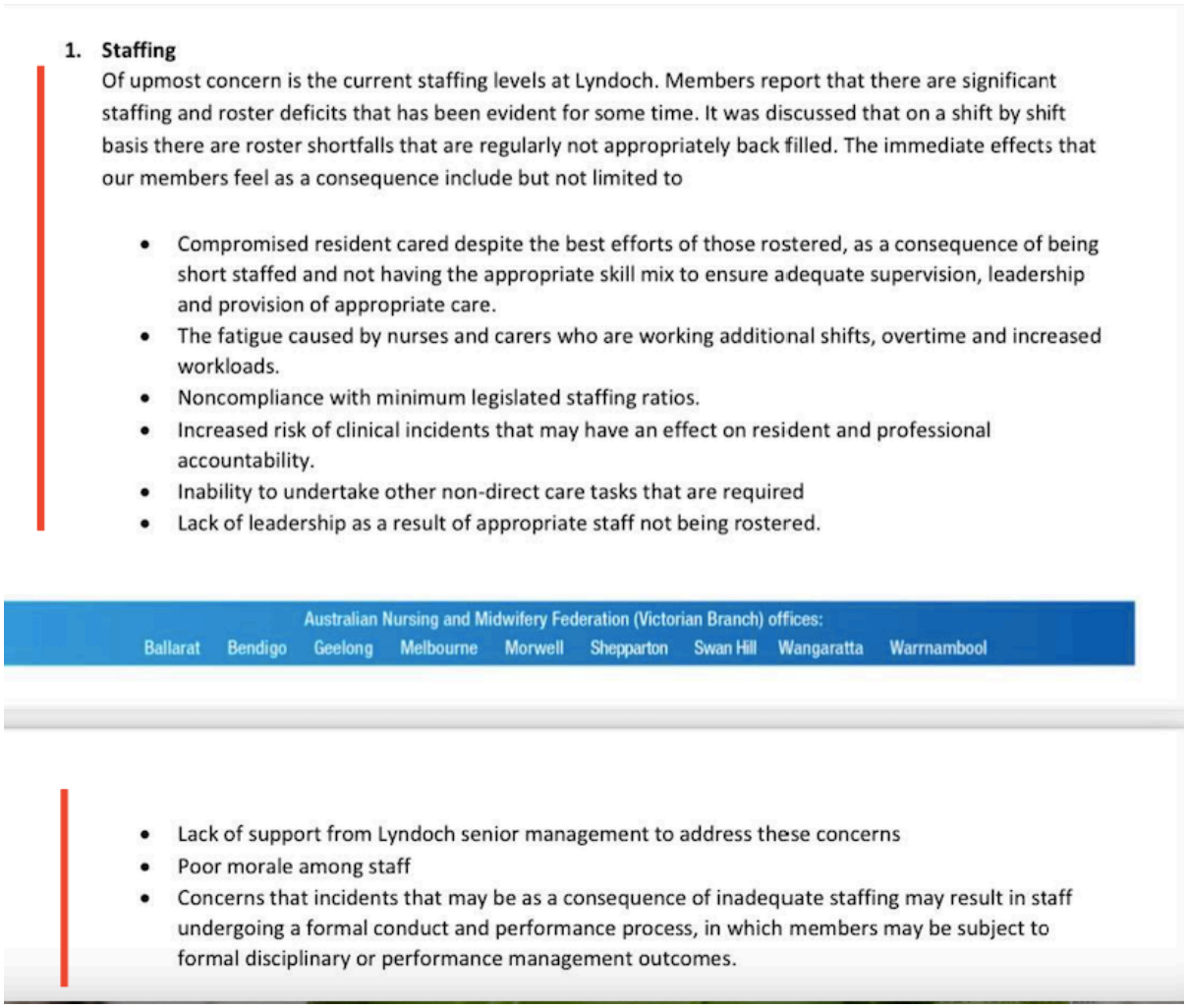
Nursing union intervenes in Lyndoch Living staffing crisis



1. **Staffing**

Of upmost concern is the current staffing levels at Lyndoch. Members report that there are significant staffing and roster deficits that has been evident for some time. It was discussed that on a shift by shift basis there are roster shortfalls that are regularly not appropriately back filled. The immediate effects that our members feel as a consequence include but not limited to

- Compromised resident cared despite the best efforts of those rostered, as a consequence of being short staffed and not having the appropriate skill mix to ensure adequate supervision, leadership and provision of appropriate care.
- The fatigue caused by nurses and carers who are working additional shifts, overtime and increased workloads.
- Noncompliance with minimum legislated staffing ratios.
- Increased risk of clinical incidents that may have an effect on resident and professional accountability.
- Inability to undertake other non-direct care tasks that are required
- Lack of leadership as a result of appropriate staff not being rostered.

Australian Nursing and Midwifery Federation (Victorian Branch) offices:
Ballarat Bendigo Geelong Melbourne Morwell Shepparton Swan Hill Wangaratta Warrnambool

- Lack of support from Lyndoch senior management to address these concerns
- Poor morale among staff
- Concerns that incidents that may be as a consequence of inadequate staffing may result in staff undergoing a formal conduct and performance process, in which members may be subject to formal disciplinary or performance management outcomes.

Carol Altmann – The Terrier

There is still no sign of the Lyndoch Living AGM, but the Australian Nursing and Midwifery Federation is now demanding answers around staff shortages, poor staff morale, compromised resident care, a lack of leadership and the increased risk of a clinical incident for which staff could be blamed.

In other words, the union has identified all of the critical issues that Lyndoch nursing and care staff have been trying to raise these past 18 months and which many Lyndoch staff

believe are now at breaking point.

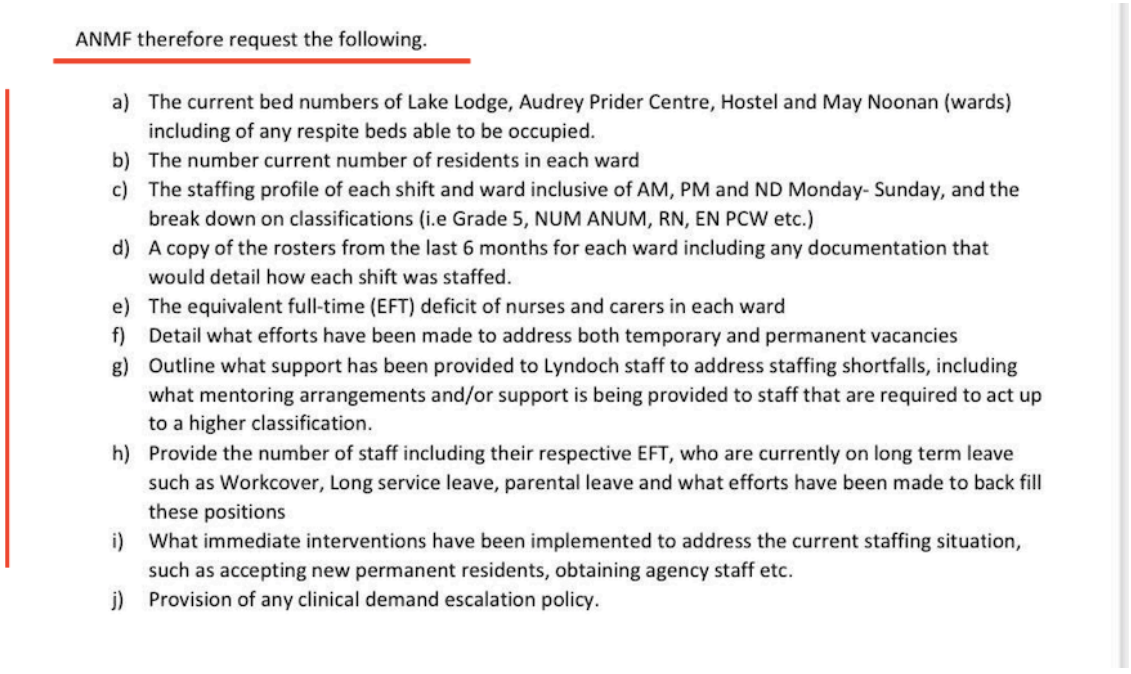
This is not scare mongering.

This is a warning to Lyndoch and its board that this is no longer a situation that can be ignored or fixed by shuffling the deck chairs.

The plain fact is you cannot lose at least a dozen of your most experienced clinical and nursing staff in a couple of months and not expect an impact.

My long held fear is that it will take a "clinical incident" to bring this to a head – it will take someone's loved one to be the victim of what is unfolding before there is an intervention. This is my genuine fear and it is one that is now shared by the ANMF.

In a two-page letter sent last Friday, the union has given Lyndoch until the end of this week to respond to its questions, which are outlined in the attached photos, including resident numbers, staff numbers, rosters and what is being done to address the chronic shortfalls.



ANMF therefore request the following.

a) The current bed numbers of Lake Lodge, Audrey Prider Centre, Hostel and May Noonan (wards) including of any respite beds able to be occupied.
b) The number current number of residents in each ward
c) The staffing profile of each shift and ward inclusive of AM, PM and ND Monday- Sunday, and the break down on classifications (i.e Grade 5, NUM ANUM, RN, EN PCW etc.)
d) A copy of the rosters from the last 6 months for each ward including any documentation that would detail how each shift was staffed.
e) The equivalent full-time (EFT) deficit of nurses and carers in each ward
f) Detail what efforts have been made to address both temporary and permanent vacancies
g) Outline what support has been provided to Lyndoch staff to address staffing shortfalls, including what mentoring arrangements and/or support is being provided to staff that are required to act up to a higher classification.
h) Provide the number of staff including their respective EFT, who are currently on long term leave such as Workcover, Long service leave, parental leave and what efforts have been made to back fill these positions
i) What immediate interventions have been implemented to address the current staffing situation, such as accepting new permanent residents, obtaining agency staff etc.
j) Provision of any clinical demand escalation policy.

I am so relieved to see the nurses union now stepping in, together with work behind the scenes from MPs, residents' families,

hundreds of community members, Lyndoch staff, and others who are no longer prepared to let this go on, unchallenged.

The board and the Lyndoch executive may choose silence or spin, but the community is not going to stand for it.

As a wise person reminded me the other day, the standard you walk past is the standard you accept. When it comes to our elderly and vulnerable residents, none of us – surely – can walk past. On we press.