





APPENDIX 2. – LPS REQUEST for industrial action 17-31 November 2025


LPS Requirements 12.5a, 12.5b and 12.5c –


Southern District						
Request Confirmed: Name: Jenny Hanson Date: 3 November 2025 Signature 						
Department / Service	LPS Activity	Normal average volumes for which LPS being made	Maximum volumes for which LPS requests likely to be made	Other clinical staff who will be available on strike day appropriately trained to undertake patient management/ support	LPS requested	Reason for LPS request – Contingency Plan and gap unable to be filled. Tasks to be covered
Dunedin and Southland Hospital's	Patient Watch (PCP)	Daily demand shows average of 15 HCA's used per shift each day for Dunedin and an average of 5 per shift each day for Southland	15 HCA's per shift Dunedin 5 HCA's per shift Southland	Variable	After use of all available resources and contingencies in rostered area access to maximum resource as per request.	Allocation for patient observation and engagement, specials, watches, patient care partnering is critical as these patients have the potential to harm themselves or be exposed to harm if they are left. The patient group is vulnerable and subtle signs are important. Suitably trained and experienced staff are required to ensure patient safety is maintained. It cannot be predicted that this volume would reduce
All Hospital sites in Southern District	Handover	1 – 2 patients per shift	1 – 2 with appropriate skill level	Variable	The staff member with a patient who	Clinical Handover is the system by which <b>responsibility</b> for both immediate and ongoing care is transferred between


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					is not relieved at shift change over remains with the patient until appropriate relief presents for duty	<p><b>healthcare professionals.</b> Effective handover is required to <b>maintain patient safety and transfer up to date clinical and patient care information.</b></p> <p>Nurses may be involved in activities at the shift change which cannot be ceased without risk to life or permanent disability. In considering requirements for LPS, such situations cannot be predicted in advance, and this LPS component confirms that nurses will remain in place with the patient until either replaced by a rostered nurse or doctor or other health professional and hand over completed or the clinical situation has ended. Examples of such situations include:</p>


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						<ol style="list-style-type: none"> <li>1.Situations where a union member is in the middle of completing an assessment which cannot safely be stopped or completed by someone else for clinical reasons e.g. acute presentation, mental health restraint, The staff member completing that assessment will remain.</li> <li>2.Organ retrieval where the recipient of the organ faces jeopardy to life because of any delay in retrieving the organ.</li> <li>3.Completion of a procedure where no one else appropriately qualified can be called on or called out. This will include theatre procedures, or diagnostic procedures.</li> <li>4.Care of a neonate or child where the patient can't be transferred safely and there</li> </ol>

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						are not appropriate staff available to maintain life or prevent disability. 5.Standard patient Retrieval and Specific specialist arrangements for burns retrieval teams
Dunedin and Southland Hospitals Southern District	High dependency patient or deteriorating patient	Dunedin site average of 11 Patients per shift per day Invercargill site an average of 6-8 patients per shift per day	Unknown	Variable	After use of all appropriately skilled resources and contingencies in rostered area access to maximum resource with the advanced scope of practice	Highly complex patients that are requiring highly skilled and competent nurses to care for them within their scope or patient who are showing signs of clinical deterioration who once assessed by PAR team and SMOs require increase nursing oversight at a higher level of competence. Without this high level of skill these patients are at risk of developing complications. It is necessary to have arrangement for cover.

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					required as per request	
All Hospital sites Southern	Subspecialty skills	Variable as wide number of specialties and subspecialties e.g. Chemotherapy trained staff, Dialysis Trained Staff, Tracheostomy Trained Staff, Traction Trained staff	Up to 2-3 per day	Variable over 2 week period	After use of all appropriately skilled resources and contingencies in rostered area access to resource with the advanced scope of practice required	Complex subspecialty patients that are requiring highly skilled and competent subspecialty nurses to care for them within their scope or patient and at a higher level of competence. Without this high level of skill these patients are at risk of developing complications, deterioration and putting life at risk.
All sites Southern	Extended shift	Unable to confirm numbers linked to LPS	unknown	Variable over 2 week period	After use of all appropriately skilled	To maintain level of care required to prevent harm to life and permanent disability

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					resources and contingencies in rostered area access to resource to undertake shift extension	

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Southern District - includes Dunedin, Wakari, Invercargill, Oamaru, Lakes District Hospital and community services	12.5c Emergency Management Protocol	Pursuant to clause 12(5)(c) of the Code of good faith for public health sector (the Code), NZNO and Health New Zealand agree that in the case of any emergency or unforeseen event that requires more assistance than that arranged between the parties for the strike, <i>the Districts can request access to union members at any time in the lead up to and during the period of industrial action in the unlikely event that the circumstances arising during the action exceed the ability of the staff confirmed as available for life preserving services prior to the action. This includes situations such as civil defence emergency or major disaster, escalation in acute demand, virus alert levels or other similar activity, unexpected sickness, unavailability of non-striking staff, or higher than expected occupancy.</i>			Access to appropriately qualified and skilled staff as required	
All Sites Southern	Staff for Health and Safety					To uphold health and safety standards, we need to be able to have responsive resourcing, allowing us to adjust staffing levels in real-time to meet fluctuating

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						<p>patient demand and heightened staff risk, especially where the nature of this partial action affects staff mix in any area related to unexpected leave requirements or personal situational changes</p> <p>All efforts to ensure a safe working environment for staff and safe patient care requires the flexibility to resource to meet the demands for staff as well as patients</p>

**Note:** Please note that non-union staffing numbers still need to be confirmed