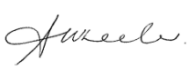


# Te Whatu Ora

## Health New Zealand

APPENDIX 2. – LPS REQUEST for industrial action 17<sup>th</sup> -30th November 2025

LPS Requirements 12.5a, 12.5b and 12.5c –

South Canterbury District–				Request submitted: District Name: South Canterbury Date: 3/11/25 Signature 		Request Confirmed: Name: Date: Signature District Signature NZNO	
District/Hospital	LPS Activity /Category	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	
Timaru Hospital	Patient Watch	Trendcare shows average patient one on one/cohort care requirements of 500 hours per month. This equates to an average of 2 staff per shift each day	2 staff per shift	Variable	After use of all available resources and contingencies in rostered area access to maximum resource as per request.	Allocation for patient safety watches, is critical as these patients have been assessed as risk to harm occurring if left unsupervised.  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. Of note, Medical ward has had a change in model of care and assessment criteria to support safety which has resulted in safety watch demand beyond current base roster.	

# Te Whatu Ora

Health New Zealand

Timaru Hospital	High dependency patient or deteriorating patient	Trendcare shows average of 1 staff used per shift each day	1 staff per shift	Variable	After use of all appropriately skilled resources and contingencies in rostered area access to maximum resource with the advanced scope of practice required as per request	<p>Patients who have been assessed by SMO/PAR as requiring a higher acuity of care, by an appropriately skilled and competent nurse. For example patients who are clinically deteriorating or requiring increased period of monitoring.</p> <p>Without this high level of skill these patients are at risk of developing complications. It is necessary to have arrangement for this cover to protect patient outcomes, for example 1:1 care in NICU or early recovery in surgical ward.</p>
South Canterbury District/Timaru Hospital	Handover			Variable	The staff member with a patient who is not relieved at shift change over remains with the patient until appropriate relief presents for duty or care need completed	<p>Clinical Handover is the system by which <b>responsibility</b> for both immediate and ongoing care is transferred between <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</p>

# Te Whatu Ora

Health New Zealand

the clinical situation has ended. Examples of such situations include:

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.

2. Organ retrieval where the recipient of the organ faces jeopardy to life because of any delay in retrieving the organ.

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.

4. Care of a neonate where the patient can't be transferred safely and there are not appropriate staff available to maintain life or prevent disability.

5. Standard patient Retrieval and Specific specialist arrangements for burns retrieval teams, organ retrieval teams and Starship retrievals

# Te Whatu Ora

## Health New Zealand

Timaru Hospital/District	Subspecialty skills	Variable as wide number of specialties and subspecialties	3 per week	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. For example, Paediatric expertise into Critical Care or ED services and skillsets such as Port Access.
Timaru Hospital/South Canterbury District	Extended shift	Unable to confirm numbers linked to LPS. Will need to be reviewed case by case.	unknown	Variable over 2 week period	After use of all appropriately skilled resources and contingencies in rostered area access to resource to undertake shift extension	To maintain level of care required to prevent harm to life and permanent disability. For services with minimum safe staffing, this measure will be used to support extended shift requests, VIS score tool is also available as a information source to inform this request.
Timaru Hospital	Ward Coordination for areas where this is BAU rostered	One per shift	1 shifts per week	Variable	After use of all available resources and contingencies in rostered area access to maximum resource as per request	Patient safety and early detection of deterioration in patients as well as ensuring nurses assigned to patients have competencies and skills necessary to deliver care. Appropriate bed allocation and IPC management to reduce risk of infection transmission to other patients, visitors and staff.
Timaru Hospital	DNM Co-ordination	One per shift	1 shift per week	Variable	After use of all available resources and contingencies in rostered area access to maximum resource as per request	Hospital Co-ordination required for safe patient flow, bed management, IPC requirements and acute inter-hospital transfers.

# Te Whatu Ora

Health New Zealand

Timaru Hospital	Ambulance Patient Transfer	Ambulance transfer data averages to 150hrs per month. 7 hour round trip to Christchurch = approximately 0.6FTE/3 days per week. Up to a maximum request of twice a day, sometimes twice a week in evenings and unlikely at night.	Likely required 3 days a week, and up to twice a day.	Variable	After use of all available resources and contingencies in rostered area access to maximum resource as per request	South Canterbury does not have a rostered patient transfer resource. This is arranged through hospital variance, additional duties or causal use when demand arises. This service supports both acute and semi-acute transfers to tertiary services (e.g. angiogram, RCP) that are non-deferable.
Timaru Hospital/ South Canterbury District	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</i>		Access to appropriately qualified and skilled staff as required	South Canterbury routinely utilises variance to deploy staff to support system safety in response to service demand. South Canterbury has 0.5FTE RN and 0.8 HCA employed and rostered variance support roles. Causal pool is limited with availability and skill-mix demand (n=20RN & 13HCA), this is not sufficient to cover all episodes of unplanned leave/surge demand requirements. Annualised deployment episodes for 2025-2025 to date = 7321 hours = average daily deployments of	

# Te Whatu Ora

Health New Zealand

		<i>demand, virus alert levels or other similar activity, unexpected sickness, unavailability of non-striking staff, or higher than expected occupancy.</i>		19.36 hours = approximately 6 hours per shift, or one person per shift. Variance Indicator Scores & HPPD variance data is available for inpatient settings to support requests.
Timaru Hospital/South Canterbury District	Staff for Health and Safety		Access to resource where needed to meet health and safety requirements	<p>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 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