

APPENDIX 2. – LPS REQUEST for industrial action 17th -30th November 2025

LPS Requirements 12.5a, 12.5b and 12.5c –

	Hawkes Bay District – Te Matua Māui	Request submitted: District Name: Hawkes Bay Date: 3/11/2025 Name: Jill Lowrey	Request Confirmed: Name: Date: Signature District Signature NZNO
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Note:

Hawkes Bay District is inclusive of all Hospital Sites. i.e., Hastings (Hawkes Bay Regional Soldiers Memorial Hospital main campus) and rural hospitals in Wairoa and Central Hawkes Bay, and Napier Health Centre and other Community based sites.

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
Hastings Hospital	Kāiawhina (Patient watches)	TrendCare shows average of 15 staff used per shift each day	15 staff per shift	Variable	After use of all available resources and contingencies in rostered area access to maximum resource as per request.	<p>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.</p> <p>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.</p>

Te Whatu Ora

Health New Zealand

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Hawkes Bay District	High dependency patient or deteriorating patient.	Unable to predict	Average of 8 -10 patients per shift seen by PARR team	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>Highly complex patients that are requiring highly skilled and competent nurses to care for them within their scope, or patients 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.</p> <p>Situations may include, but not limited to: Patients in Wairoa waiting for transfer to Hastings Hospital, or in Hastings Hospital patients waiting for access to HDU/ ICU, CCU, SHANA or pending delays for SCBU babies and /or mothers transferring to tertiary centres; Acute mental health patients requiring assessment & care.</p>
Hawkes Bay District	Handover	Unable to predict	Unable to predict	Variable	The staff member with a patient who is not relieved at shift change over remains with the patient until	Clinical Handover is the system by which responsibility for both immediate and ongoing care is transferred between healthcare professionals . Effective handover is required to maintain patient safety and

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					appropriate relief presents for duty or care need completed.	<p>transfer of up to date clinical and patient care information.</p> <p>Nurses may be involved in activities at the shift change which cannot be ceased without risk to life or permanent disability.</p> <p>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> <ol style="list-style-type: none"> 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, DAO attendance. 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.

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						<ol style="list-style-type: none"> 3. Completion of a procedure where no one else appropriately qualified can be called on or called out. This will include theatre procedures, diagnostic procedures, or oncology treatments. 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. 6. Flight transfers for ongoing patient care to either tertiary centres or areas appropriate to meet individual patient needs including retrievals from Wairoa.
Hawkes Bay District	Subspecialty skills	Variable as wide number of specialties and subspecialties	Unable to predict	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, 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.

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						This could include but not exclusive to flight nurses, code stroke, cardiac arrest, spinal and/or orthopedic cases, ICU, Paediatric/ SCBU, ED - (Triage/Resus/ Trauma) Mental Health.
Hawkes Bay District	Extended shift	Unable to confirm numbers linked to LPS	unknown	Variable over 2-week period	After use of all appropriately skilled resources & 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.
Hawkes Bay 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</i>			Access to appropriately qualified and skilled staff as required.	

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		<i>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>				
Hawkes Bay 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