

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

LPS Requirements 12.5a, 12.5b and 12.5c –

Tairāwhiti District				Request Confirmed: Name: Serita Karauria 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
Gisborne Hospital	Close Care /Patient Watch	Trendcare shows average of 4 - 5 staff used per shift each day	5 staff per shift	Variable	1 HCA per cohort or single close care to follow the patient in their hospital journey.	Allocation for patient observation and engagement for close cares 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 and prevention of permanent disability and harm. It cannot be predicted that this volume would reduce
Gisborne Hospital	Response to unexpected event which include	Unpredictable numbers	Unpredictable numbers		Redeployment of staff to transfer patients to external diagnostic provider.	This request is to these specific events are responded to for the protection of patients in the units or en route to diagnostic services.

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	diagnostic equipment and facilities failures or outbreak of infectious disease.				Deployment of RNs and HCAs to support outbreak of infectious disease in a hospital unit.	There is additional burden of infection control practices in the event of infectious disease outbreak (e.g. measles) or excessive isolation requirements. This is to ensure staff are supported to enact best practice.
Gisborne Hospital	High dependency patient or deteriorating patient	ICU/HDU/CCU average of 1 per shift	1 staff per shift	Variable	<p>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> <p>Staffing ICU to a 1:1 or 2:1 ratio for maintain expected levels of care</p> <p>Redeployment of experienced paediatric/neonatal nurse to ICU for a baby/child for 1:1 care.</p>	<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.</p> <p>Without this high level of skill these patients are at risk of developing complications, avoidable harm, permanent disability, and death. It is necessary to have arrangement for cover.</p>
Gisborne Hospital	Handover & case completion			Variable	The staff member with a patient who is	Clinical Handover is the system by which responsibility for both immediate and ongoing

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					<p>not relieved at shift change over remains with the patient until appropriate relief presents for duty or care need completed</p>	<p>care is transferred between healthcare professionals. Effective handover is required to maintain patient safety and transfer 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. 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"> <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, CATT attendance. The staff member completing that assessment will remain.</li> <li>2. Completion of interhospital transfers by road or air.</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 where the patient can't be transferred safely and there are not</li> </ol>
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						appropriate staff available to maintain life or prevent disability.
Tairāwhiti District	Subspecialty nursing skills	Variable as wide number of specialties and subspecialties	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.
Tairāwhiti District	Extended shift	Unable to confirm numbers linked to LPS	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
Tairāwhiti District	Ward Shift Coordination	One per shift	One per shift	Variable over 2 week period	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.
Tairāwhiti 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</i>			Access to appropriately qualified and skilled staff as required	

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		<p><i>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></p>		
Tairāwhiti 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, personal situational changes, or evolving situations where we may have an obligation under HWSA.</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