


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

LPS Requirements 12.5a, 12.5b and 12.5c –

Master sheet: staffing available at time of strike and LPS requirements:

		Waitemata District				Request Confirmed: Name: Katrina Holland Date: 03/11/2025 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 who are appropriately trained to undertake some patient management/support	LPS Requested	Reason for LPS request – Contingency Plan and gap unable to be filled. Tasks to be covered
Waitemata District	Patient Watch	Data shows average of 30 staff used per shift each day across both Waitakere and North Shore	25 per shift for North Shore Hospital. 7 per shift for Waitakere Hospital	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

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Waitemata District	High dependency patient or deteriorating patient	Data shows average of 22 staff used per day	15 per shift for North Shore 5 per shift for Waitakere	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 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.</p> <p>Without this high level of skill these patients are at risk of developing complications. It is necessary to have arrangement for cover.</p>
Waitemta District	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	<p>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 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>

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						<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, CATT 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. 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
Waitemata District	Subspecialty skills	Variable as wide number of specialties and subspecialties		Variable over 2 week period	After use of all appropriately skilled resources and contingencies	Complex subspecialty patients that are requiring highly skilled and competent subspecialty nurses to care for them within the nurse's scope or the patient needs and at a higher level of competence.

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					in rostered area access to resource with the advanced scope of practice required	Without this high level of skill these patients are at risk of developing complications, deterioration and putting life at risk. To maintain level of care required to prevent harm to life and permanent disability. EG. Paediatric speciality, NIV, Dialysis, Chemotherapy etc
Waitemata District	Ward Coordination	One per shift	One per shift		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.
Waitemata District	Minimum staff for Health and Safety				Access to resource where needed to meet health and safety requirements	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 All efforts to ensure a safe working environment for staff and safe patient care requires the flexibility to resource

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						to meet the demands for staff as well as patients
Waitemata District	12.5c Emergency Management Protocol	<p>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, COVID-19 alert levels or other similar public health activity, unexpected sickness, unavailability of non-striking staff, or higher than expected occupancy.</i></p>			Access to appropriately qualified and skilled staff as required	

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

