

Gillian Allen  
Chief Nurse  
Te Whatu Ora MidCentral

Michelle McGrath  
Professional Nurse Advisor  
New Zealand Nurses Organisation

9 November 2025

**RE: Adjudicator decision on Determination for Life Preserving Services (LPS) at Te Whatu Ora, Te Pae Hauora o Ruahine o Tararua | MidCentral (MidCentral) for New Zealand Nurses Organisation (NZNO) industrial action 17 – 30 November 2025**

Dear Michelle and Gillian,

Thank you to you and your colleagues for arranging time to meet with me, answer my questions and provide written submissions for an adjudication on LPS at MidCentral relating to the NZNO industrial action between the 17 – 30 November 2025. This determination is issued in my capacity as adjudicator under Clause 13 of Schedule 1B of the Code of Good Faith for the Public Health Sector, pursuant to the Employment Relations Act 2000.

The nature of industrial action is:

- A refusal by employees to accept reallocation to any area or to any work to which they are not rostered. The strike is continuous from 0001 hours 17 November 2025 to 2359 hours 30 November 2025.
- A refusal by employees to work any duty/shift other than a rostered duty/shift. The strike is continuous from 0001 hours 17 November 2025 to 2359 hours 30 November 2025.
- A refusal by employees to agree to any roster change proposed by the employer pursuant to clause 6.5 of the collective agreement. The strike is continuous between 0001 hours 24 November 2025 and 2359 hours on 30 November 2025.

On 7 November 2025 I received a written submission from MidCentral. This contained:

- A referral of Life Preserving Service Matters to Adjudication outlining the reasons for seeking adjudication
- Copies of three notices to strike from NZNO
- Copy of MidCentral's first LPS request

- Copy of letter from Health New Zealand (HNZ) to David Wait, Industrial Advisor, NZNO, in response to Michelle McGrath's email sent to Anne Aitcheson
- Copy of letter from HNZ to David Wait, Industrial Advisor, NZNO, writing further to HNZ's letter of 5 November and the two substantive meetings held with NZNO colleagues
- Copy of email exchanges between HNZ Industrial Relations team and NZNO re breaches of good faith. Copy of NZNO proposal for an agreement on LPS was attached
- Copy of MidCentral's amended LPS requests following meetings on 6 and 7 November 2025 with NZNO organiser and delegates.

On 8 November 2025 I received written submissions from the New Zealand Nurses Organisation as outlined below:

- Copy of MidCentral's amended LPS request
- Copy of NZNO LPS Agreement dated 6 November 2025
- Copy of NZNO Core Submission dated 8 November 2025
- Copy of a LPS member (from Waipapa) adjudication submission
- Copy of a statement from Duty Nurse Managers at Waitemata on Redeployment Strike

In accordance with the Code of Good Faith for the Public Health Sector (the Code) there is an obligation for HNZ as the employer to provide patient safety during industrial action by ensuring that life preserving services are available to prevent a serious threat to life or permanent disability. This requires MidCentral to develop and maintain a contingency plan and to take all reasonable and practicable steps to ensure that it can provide LPS.

MidCentral have developed a contingency plan and strategies to minimise the need to request LPS support from NZNO members which includes:

- Ward staff to remain in their rostered area of practice.
- Non-NZNO members can be redeployed to areas of high need.
- Bureau and casual staff will be used to support high need and unplanned leave if required.
- External staff or resource will be used if available.
- Utilising non-striking staff willing to undertake additional shifts or shift extensions.
- Duty Nurse Manager roster to be covered with a 2:2:2 base prioritising this after hours.
- Internal Education will continue, however, as per normal practice if a situation occurs relating to staffing deficits due to patient acuity a staff member may be called back to their rostered place of work.

NZNO have proposed a designated LPS pool at each hospital rather than requesting LPS support from NZNO members rostered to work. MidCentral have indicated they cannot

comply with this request as this would require a pool of NZNO members that are rostered to work in their usual area to instead be rostered to the LPS pool, thereby reducing staffing levels in the clinical areas the LPS pool nurses would have been working in. MidCentral have indicated they do not have the resources to create such an LPS pool for the entire hospital for the duration of industrial action from rostered NZNO members. As outlined above, MidCentral have indicated they will implement an availability roster of all available non-NZNO members as well as bureau and casual staff, and non-striking members willing to work extended shifts, cover additional shifts etc to reduce the need to request LPS. MidCentral have also indicated that all paper days for nursing staff will be cancelled during the period of industrial action.

NZNO have indicated the LPS pool could be filled by nurses who would normally be rostered to the delivery of planned care if there was a reduction in planned care at MidCentral for the duration of the strike. If this was considered, this would only provide a pool of nurses between 8 am to 4 pm during the week, not evenings, nights or weekends and may not provide the skill mix required for inpatient or high acuity care. It is also noted this strike is not a withdrawal of labour and NZNO members will be working their normal rostered shifts, whether that be in planned care or other areas of the hospital and therefore ongoing delivery of planned care is possible during the industrial action. It is, however, essential that planned care is closely monitored daily by the operational leadership at MidCentral so that it does not compromise the ability of non-NZNO members and non-striking staff to cover LPS without the need to call on NZNO members. During the period of industrial action MidCentral will prioritise day case surgery to reduce the need for inpatient admissions, focus on surgeries or procedures that are urgent, or cancer related and will defer procedures if this will not impact on patient outcomes. Procedures and surgeries are to be scheduled such that they should not intentionally extend beyond rostered hours, acknowledging in an LPS situation extended hours may be necessary. Planned care patients are to be made aware that their appointments/procedure/surgery may be deferred if there is a resourcing issue related to the industrial action which cannot be managed safely.

When additional staff are required MidCentral will make all efforts to use staff who are non-NZNO members, casual or bureau staff, external staff or resource if available, or those staff who offer their name as non-striking to fill gaps and cover unplanned leave.

If these contingencies are exhausted and additional staff are required to maintain patient safety according to the LPS defined below, then an LPS request can be made using the following process:

1. A message can be placed on an area specific staff WhatsApp group to request if someone is willing to pick up additional hours to provide LPS care in their rostered place of work.

2. As a last resort if staff are required to assist with LPS care in another area of practice, rostered staff will be asked if they would agree to be redeployed to an area to undertake LPS tasks only.

This will be arranged through the hospital LPS facilitator, and each day during the period of industrial action a discussion will occur between the designated NZNO representative and the LPS facilitator to ensure everyone is kept informed and LPS requests reviewed.

Following my meetings with NZNO and MidCentral representatives, reviewing the written submissions and having had time to reflect on this information, I have made the following determinations on LPS activity during the industrial action:

**Behavioural specialising 1:1 and cohort care:**

- This does meet the definition of a life preserving service as these patients have the potential to harm themselves or be exposed to harm if they are left alone and not closely monitored.
- LPS will be requested only after use of all other available resources and contingencies in rostered area as outlined above.
- Access to resource as per request.

**High-dependency patient or deteriorating patient:**

- This does meet the definition of a life preserving service.
- High-dependency patients and deteriorating patients will require increased levels of nursing support and will need highly skilled nurses. If this skill set and resource is not available in the rostered area this could be a risk to a patient's life or result in permanent disability.
- An LPS request in this situation may require an Intensive Care Unit (ICU) or Coronary Care Unit nurse to be redeployed to another area to support a deteriorating or high dependency patient until a placement plan for the patient is implemented.
- LPS will be requested only after use of all other available resources and contingencies in rostered area as outlined above.
- Access to resource with the advanced scope of practice required as per request.
- Current practice will continue in areas where an on-call system (off-site) is utilised based on staff skill mix and patient needs, e.g. in ICU, Neonates, Operating Theatre.

**Handover:**

- This does meet the definition of a life preserving service when it involves activities at shift change which cannot be ceased without risk to a patient's life or permanent disability. In this situation the nurse will work beyond rostered hours to complete the activity if unable to be replaced by another staff member. The nurse will be paid as per the NZNO MECA for this additional work.
- Standard handover by nursing staff will occur prior to leaving clinical area within their rostered paid shift hours.

**Subspecialty skills for outliers – Dialysis (haemodialysis), Oncology (outlier chemotherapy), Mental health (patients as outliers in other wards):**

- This does meet the definition of LPS when applied to staff needing to be redeployed to provide a complex, highly skilled episode of care, as without this level of skill patients are at risk of developing complications and deterioration which could lead to a risk to life or permanent disability.
- LPS will be requested only after use of all appropriately skilled resources and contingencies in rostered area as outlined above.
- The nurse will only be redeployed to an outlying area for that specific episode of care and then will return to their rostered area.
- Access to resource with the advanced scope of practice required during an AM or PM shift as per request.

**Subspecialty skills for complex patient transfers (e.g. mental health, cardiac):**

- This does meet the definition of LPS when applied to complex patient external transfers as a delay in transfer could lead to a risk to life or permanent disability.
- LPS will be requested only after use of all appropriately skilled resources and contingencies in rostered area.
- Access to resource with the advanced scope of practice required during an AM or PM shift as per request.

**Extended shift, redeployment or additional shifts above contracted hours:**

- This does meet the definition of LPS when applied to a rostered area where the clinical acuity, staffing skill mix, number of rostered staff working or complexity

of patients poses a risk to patients' lives or could lead to permanent disability. Reaching the threshold of LPS would be determined by the nurse in charge of the rostered area in consultation with the LPS facilitator.

- LPS will be requested only after the use of all appropriately skilled resources and contingencies in rostered area as outlined above.
- Striking nurses that are requested to undertake an extended shift, that are redeployed or undertake additional shifts will only provide LPS care, as determined in previous NZNO strike action.
- Access to resource as per request.

### **12.5c Emergency Management Protocol:**

- Pursuant to clause 12.5c of the Code of Good Faith for public health sector (the Code), NZNO and MidCentral agree that in the case of any emergency or unforeseen event that requires more assistance than that arranged between the parties MidCentral 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 or unavailability of non-striking staff.
- 12.5c will be called on for any area where there is a sudden surge in patients, significant viral outbreaks amongst staff or patients (e.g. Norovirus) or multiple patient acuity increases which require the redeployment of staff to assist in managing the situation.
- All off-duty Intensive Care Unit/Emergency Department/Operating Theatre/Haemodialysis nurses would be contacted in the first instance or other specialty nurses depending on the nature of the emergency.
- Access to appropriately qualified and skilled staff as required.

I would also stipulate that throughout the period of industrial action there needs to be proactive contingency planning by MidCentral operational leadership to maintain patient and staff safety and minimise the need for LPS support from NZNO members.

This determination is made in accordance with the principles of the Code of Good Faith for the Public Health Sector, with the overriding priority being the safety and wellbeing of patients and staff.

This determination only applies to MidCentral for the period of industrial action between 17 November and 30 November 2025.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Claire Hardie', is positioned above a thin horizontal line.

Dr Claire Hardie  
Chief Medical Officer  
Te Pae Hauora o Ruahine o Tararua | MidCentral