

11 November 2025

**Health New Zealand Counties District**

Rachel Muir  
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**New Zealand Nurses Organisation**

Michelle McGrath  
Organiser  
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Dear Michelle and Rachael

Thank you to you and your teams for outlining your positions regarding Life Preserving services (LPS) during the proposed NZNO nursing strike 17 – 30 November 2025.

I note that despite undertaking negotiations in good faith, there were still some matters that required adjudication. I have noted the nature of the strike (refusal to accept shift changes, re-allocation and non-rostered duties).

On Friday 7 November 2025 I spoke with Counties Principal Nurse (Rachel Muir) and John Cartwright (Incident Controller). On Saturday, 8 November 2025 I spoke with NZNO union members (Christina Couling, Sharleen Rapoto, Beks Kelsey, Donna McCrae and Liandra Conradie). I have also reviewed the Counties LPS agreement, and the correspondence from the Incident Controller, dated 7 November 2025.

**Adjudication Decision**

After consideration, my independent adjudication is as follows:

1. **Handover:** I believe there has to be a handover process, in order to ensure patient safety. The handover process could be made efficient but needs to remain, particularly for sick or potentially sick patients. The reason for my view is to ensure patient safety.
2. **“Unexpected sickness” in the use of 12.5c:** I believe the LPS request could be modified to reassure all parties. Unexpected sickness perhaps should be rephrased as *“unexpected excessive sickness that potentially severely impacts patient care”*.
3. **Health and safety:** I understand issues were raised by the NZNO regarding past Health NZ response to health and safety issues reported by their members. I agree, after discussion with relevant parties, that this section is not needed.
4. **Access to staff for LPS purposes:** I have listened carefully to the NZNO proposal for a pool of staff to be available. I have reviewed the Workforce Allocation plan proposed by the district. I have noted that this strike is for an extended period and includes *“refusal to accept reallocation”*.

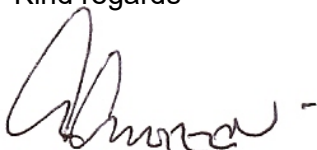
My view is that running a pool of staff is impractical and should not be supported. It would be difficult to coordinate for the district Duty Managers, particularly as the strike is for 2 weeks. Furthermore, a pool may impair ability to direct highly specialised staff to an appropriate area. I have been reassured by the district Management team that they will use external bureau and non-union staff flexibly. Therefore, I recommend that the parties (including district IMT lead and NZNO organiser) communicate frequently, with open decision making, in good faith.

Re-deployment of staff must only be used as a “*last ditch*” action in extreme situations including emergency escalation. This is reflected in the Service Planning Guidance, which the parties have agreed to in principle.

5. As adjudicator I agree that the rest of the LPS requests (Appendix 2) other than as stated in my adjudication above appears reasonable and should be adhered to.
6. Both parties should continue to engage in good faith, with a commitment to reassess LPS needs every 72 hours during the strike.
7. Clause 12(5)c emergency protocols may be activated by the district during the strike period with immediate notification to NZNO.
8. I appeal to all parties to give the safety of patient’s supreme priority.

Thank you to all parties for engaging in this process collaboratively and professionally.

Kind regards



**Dr Geoff Green**  
**Interim Chief Medical Officer**  
**Counties District**  
**Health New Zealand**