

# Te Whatu Ora

## Health New Zealand

### APPENDIX 2a. LPS Requirements 12.5a, 12.5b and 12.5c- Full withdrawal of labour 3<sup>rd</sup> December 2024

Master sheet: This template is to be completed to show staffing available at time of strike and LPS requirements/rationale:

| BOP District Whakatane Hospital                        |   |                                |  |   |  | Request Confirmed:<br>Name:<br>Date:<br>Signature   |  |
|--|---|--------------------------------|--|---|--|---|--|
| Service/Department/Site                                | Normal volumes  | Likely LPS volumes for 8 hours | Nursing staff on core roster for strike day as at date notice issued | Other clinical staff who will be available on strike day who are appropriately trained to undertake some patient management/support | Non-Union/non striking/redeployed nursing staffing available on strike day – RNs, HCAs | LPS Requested by status (Should be listed as on duty, or on call on site or on call off site) | Reason for LPS request – Contingency Plan and gap unable to be filled. Tasks to be covered |
| 12.5 (c) Civil Defence or Major emergency for District | <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, the Districts and National Contingency Planner 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 and capacity 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 virus alert levels or other similar activity, airport or police alerts, unexpected sickness, unavailability of non-striking staff, or additional staff joining the Union.</p> |                                |  |   |  | Pool of Nurses Required for 8 hr period   |  |

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**Whakatane Hospital**

LPS Requirements 12.5a, 12.5b and 12.5c

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|----------------------|---|--|--|---|--|---|--|---|
| Emergency Department | 80 patients   | 12 x triage<br>2<br>60 patients                                  | 11 am-<br>1500 pm  | CNM 1<br>CNC 1<br>RN 7am x 5<br>8:30am x 1<br>10am x 1<br>12pm x 2  | SMO<br>0700 to 1700 x3<br>RMO x2   | Unknown   | On Duty on site:<br>1 RN Coordinator<br>3 RN<br><b>agreed</b>                              | RNs must be familiar and experienced (resuscitation, TNCC and triage trained) with the clinical area's patient type and the care setting to monitor and assess for patient deterioration to enable a request for LPS. |
|                      |   |  | 1430 to 1900   | CNC 1<br>RN 1430 x 6<br>1800 x 1  | SMO<br>RMO   | Unknown   | On Duty on site:<br>1 RN Coordinator<br>3 RN<br><b>agreed</b>                              | Urgent Care facilities – 0 to help with presentations.  |
|                      |   |  |  |   |  |   |  |   |

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|----------------------|---|--|--|---|---|--|---|---|
|                      |   |  | HCA x1<br>CNS<br>NP  |   |   |  |   |   |
| ACU                  | 11  | 11   | AM<br>11:00 – 15:00<br><br>X 1 HCA                                   | 1 x CNM<br>X 5 RN<br>X1 RN coach<br>X 1 HCA | Medical teams on call as per usual but none based in ACU  | Currently unknown  | On duty on site<br>4 RNs required incl coordination<br><b>agreed</b>                          | Critical care area. Management of life support critical equipment that only ACU nursing staff can manage. |
|                      |   |  |  |   |   |  |   |   |
|                      |   |  | PM<br>14:30 – 1900<br><br>x1 HCA                                     | 1 x RN<br>Coordinator<br>x 4 RN             | Medical teams on call as per usual, but none based in ACU.  | Currently unknown  | On duty on site<br>4 RNs required incl coordination<br><b>agreed</b>                          |   |

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|----------------------|---|--|--|--|---|---|--|---|
|                      |   |  |  |  |   |   |  |   |
| PAR Nurse            | Service currently averages multiple calls per shift. PAR reviews deteriorating patients. Plus ACU stepdown patients. Assists with any increase in acuity. |  | Am 1100 - 1500   | AM No PAR RN   | 1 SMO anaesthetist on call  | 0<br><b>agreed</b>  | PAR Team covers all resus calls from the wards in addition to assessing deteriorating pts across the hospital and triaging ICU/HDU admission requests. Senior ICU nursing skills are required. |   |
|                      |   |  |  | 1 RN 1400-2200   | 1 SMO anaesthetist on call plus other teams med, surg, paed, ortho, o and g, mental health as per usual | <b>on site on duty</b><br>0<br>Will be included in the emergency team<br><b>agreed</b>        |  |   |
| Medical Ward         | 30 (100%), often at 30-38 pts.  | 30-38 during the period of strike action                         | AM 11:00 – 15:30   | 1 CNM x7 RN X3 HCA   | SMO/RMO as available  | Currently unknown   | <b>On duty on site</b><br>4 RN 1 with shift leader skills<br><b>agreed</b>   | RN must be familiar and experienced with the clinical area's patient type and the care setting to monitor and assess for patient deterioration to enable a request for LPS. |

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|----------------------|---|--|--|------------------------------------|---|--|---|--|
|                      |   |  |  |                                    |   |  |   |  |
|                      |   |  | PM 1430 - 1900   | X7 RN<br>X1 HCA                    | SMO/RMO as available  | Currently unknown  | <b>On duty on site</b><br>4 RN 1 with shift leader skills<br><b>agreed</b>                    |  |
| Surgical Ward        | 25 beds + 2 additional over capacity beds                                     | 25-27 pts  | Am 1100 - 1500   | 1 CNM<br>X5 RNs<br>X0 EN<br>X2 HCA | SMO/RMO as available  | Currently unknown  | <b>On duty on site</b><br>3 RN 1 with shift leader skills<br><b>agreed</b>                    | RNs must be familiar and experienced with the clinical area's patient type and the care setting to monitor and assess for patient deterioration to enable a request for LPS. |
|                      |   |  | PM 1430 - 1900   | 5 RNs<br>1 HCA                     | SMO/RMO as available  | Currently unknown  | <b>On duty on site</b><br>3 RN 1 with shift leader skills<br><b>agreed</b>                    |  |

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|-------------------------------|---|--|--|---|--|--|--|--|
| Paediatrics<br>(includes CAU) | 5 patients  | 5 patients   | Am 1100 - 1500   | 1 CNM<br>X3 RN<br>X 0 HCA   | 1 Paediatric SMO<br>1 paediatric House Officer till 1600                               | Currently unknown  | <b>On duty on site</b><br>2 RNs<br><b>agreed</b>   | RNs must be familiar and experienced with the clinical area's patient type and the care setting to monitor and assess for patient deterioration to enable a request for LPS.   |
|                               |   |  | PM 1430 - 1900   | X2 RN   |  | Currently unknown  | <b>On duty on site</b><br>2 RNs<br><b>agreed</b>   |  |
|                               |   |  |  |   |  |  |  |  |
| Neonatal Unit                 | 3   | 3  | Am 1100 - 1500   | 1 CNM offsite<br>X2 RN  | 1 SMO  | Currently unknown  | <b>On duty on site</b><br>1 RN<br><b>On call off site</b><br>1 RN<br><b>agreed</b>         | Provisions for a nurse to clinically coordinate (clinical charge nurse to oversee both sites, and clinical nurse coordinator, shift coordinator) for the inpatient maternity services to provide clinical triage and emergency response. Specialised area of care - high demand nationally and high acuity |
|                               |   |  | PM 1430 - 1900   | X3 RN   | 1 SMO  | Currently unknown  | <b>On duty on site</b><br>1 RN<br><b>On call off site</b>                                  |  |

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|----------------------------------|---|--|--|---|--|---|--|---|
|                                  |   |  |  |   |  | 1 RN<br>agreed  | Provisions for a midwife to clinically coordinate (clinical charge midwife, and clinical midwife coordinator, shift coordinator) for the inpatient maternity services to provide clinical triage and emergency response. Care for any woman or baby requiring transfer to a higher level of care received from WHK for clinical reasons - noting that transfer should be scheduled wherever possible to either side of the strike. Skill specific area and acute presentations with increased comorbidities. |   |
| Maternity Delivery Suite         | 4   | 4  | Am 1100 - 1500   | 1 CMM<br>0 RN   | Off site SMO on call   | Currently unknown   |  | 0<br>agreed   |
|                                  |   |  | PM 1430 - 1900   | 1 CMM<br>0 RN   | Off site SMO on call   | Currently unknown   |  | 0<br>agreed   |
| Maternity (Antenatal/ Postnatal) | 10  | 10   | Am 1100 - 1500   | 1 Coord RM<br>1 RN<br>HCA 1100-1930   | Off site SMO on call<br>1 SHO (across maternity service)                               | Currently unknown   | On duty on site<br>1 RN<br>agreed  | Minimum safe staffing immediate response for: Minimum safe staffing levels unknown acuity |



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|---------------------------|---|--|--|---|--|---|---|
|                           |   |  | PM 1430 - 1900<br>2 RN<br>1 HCA 1100-1930                            | Off-site SMO on call  | Currently unknown  | <b>On duty on site</b><br>1 RN<br><b>agreed</b>   | Provide skilled oversight of postnatal, post operative and postnatal essential care, including Breastfeeding and observations. Low RM staffing levels in Delivery suite to redeploy to PN |
|                           |   |  | Am 1100 - 1500<br>Coord RN<br>RN<br>HCA                              | Allied health, SMO  | Currently unknown  | <b>On duty On-site:</b><br>2 RNs and one other (SPEC trained)<br><b>agreed</b>                | Unable to pull from hospital wider pool Specifically trained staff to MH i.e. SPEC team Accept admission 24 hours a day. Always at capacity or over. This roster includes IPC.            |
| <b>Mental Health ward</b> | 10  | 10   | PM 1430 - 1900<br>1Coord RN<br>RN<br>HCA                             | Allied health, SMO  | Currently unknown  | <b>On duty On-site:</b><br>2 RNs and one other (SPEC trained)<br><b>agreed</b>                |   |
| <b>Day</b>                | 20-25 endo<br>10-15 infusions   |  | am 1100 - 1630<br>CNC 1  |   | Currently unknown  | 0   | All planned care deferred.  |

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|-----------------------|---|--|--|---|--|---|--|
| Stay Unit (DSU)       | Bowel screening day<br>Pre assessing 20+ patients                             |  | pm 1430 - 1900   | 6 RN<br>On Call Acute<br>Gastroenterologist   | Currently unknown  | 0<br><b>agreed</b>  |  |
| Perioperative Theatre | obstetric<br>acute trauma<br>acutes   | obstetric<br>acute trauma  | Am 1100 to 1630  | 1 CNM<br>1 CNC<br>12 RN<br>1 HCA  | Currently unknown  | <b>on site on call</b><br>2 RN 1 with coordinator skills                                      | Operating theatres are staffed by a team of designated senior nurses and nurses. The essential and specific skills the nursing team have are to provide <b>immediate</b> theatres for Category 1 and 2 acute cases. The base level of critical service/ LPS is a minimum delivery of 2 acute operating theatres. Noting weekend level acute theatre activity is 1-2 theatres. Acute presentations are higher acuity with increased comorbidities. There needs to be the ability to optimise acute demand |
|                       |   |  | Pm 1630 to 1900  | After 18.00<br>2 RN On call   |  | <b>Off site on call</b><br>2 RN<br><b>agreed</b>  |  |
|                       |   |  |  | 1 Anaesthetist  | Currently unknown  | <b>Off site on call</b>   |  |



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|----------------------|---|--|--|--|--|---|---|---|
|                      |   |  |  | 1 Anaesthetic Technician   |  | 16.30 to 19:30 hrs<br>2 RN<br><b>agreed</b>   | being met during daylight hours and a continuation of reduced cover out of hours acutes for a reduction in patient harm, mortality, and morbidity statistics. Only cases that are life preserving can be undertaken |   |
| PACU                 | As above + 1 -2 MRI   | As above + 1 -2 MRI  | Am<br>1100 to 1500   | 3 RN<br>1 HCA  | 4 anaesthetic technicians<br>4 anaesthetist SMO<br>2 anaesthetist RMO                  | Currently unknown   | <b>on site on duty</b><br>0<br><b>off site on call</b><br>0<br><b>agreed</b>  | PACU is staffed by a team of designated senior nurses and nurses. The essential and specific skills the nursing team have are to provide minimum safe staffing levels as per professional guidelines for support for each operating theatre. Unable to use bureau staff due to the skills required Safe staffing levels are essential to provide base level of critical care service/ LPS as per minimum delivery of 3 acute operating theatres. There needs to be the ability to optimise acute demand being met during daylight |
|                      |   |  | Pm1430 to 1900   | 3 RN<br>1 HCA  |  | Currently unknown   | <b>on site on duty</b><br>0<br><b>off site on call</b><br>0   |   |

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|-------------------------|---|--|--|---|--|---|---|
|                         |   |  |  |   |  | <b>agreed</b>   | hours and a continuation of reduced cover out of hours acutes for a reduction in patient mortality and morbidity statistics.  |
| Pre- Assessment Clinics | 1 acute   |  | am   | 2 RN  | Currently unknown  | 0<br><b>agreed</b>  | No planned care, no walk-ins  |
|                         |   |  | pm   | nil   | Currently unknown  | 0<br><b>agreed</b>  |   |
| Haemodialysis Unit      |   | Acute dialysis patients only – 1-3                               | am   | CNM 1 offsite<br>CNC 1<br>RN 2<br>HCA 1   | Currently unknown  | As per national LPS agreement<br>2 RNS<br><b>agreed</b>                                       | An experienced renal dialysis nurse is required to be available for emergency acute or inpatient haemo dialysis. Management of patients requiring acute/urgent haemodialysis for acute kidney injury, electrolyte imbalance. To provide haemodialysis to patients who are unable to have treatment deferred due |
|                         |   |  | pm   | 1 CNC<br>2 RN   | Currently unknown  | As per national LPS agreement<br>2 RNS<br><b>agreed</b>                                       |   |
|                         |   |  |  | 0.5 SW & Dietitian  | Currently unknown  |   |   |

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|------------------------------------|---|--|--|---|--|---|--|
|                                    |   |  |  | 1 HCA   |  |   | to issues with accessibility, transport, and clinical safety (i.e., fluid overload and electrolyte derangement)  |
| Retrieval/<br>Patient<br>Transport | 3-7 transfers per day   | 3-7 transfers per day  | Am 1100 - 1500   | X1 RN 0700 to 1530<br>X1 RN 1000 to 1830  | 0  | As per national LPS agreement<br>On site on call 1 RN<br><b>agreed</b>                        | Transfers are often urgent for pts who need treatment WHK Hosp doesn't provide. Also cover the stroke codes. If pager goes, immediate response until 1830. |
|                                    |   |  | Pm until 1830  | See above   |  | As per national LPS agreement<br>On site on call 1 RN<br><b>agreed</b>                        | Flight and road transport nurses provide district wide retrieval service for time interhospital critical patient. Daily discussions occur at Regional IOC. |
| Oncology                           | 35-40 patients plus 1 clinic  | 0  | Am 1100 to 1500  | CNM 1<br>CNS3<br>RN   | Admin x 1<br>1 SW.   | 0<br><b>agreed</b>  | RNs are the only staff who are trained and assessed as competent to administer IV Chemo. Pharmacists can provide 2 <sup>nd</sup> check, if available       |
|                                    |   |  | Pm 1430 to 1900  | 1x ACN  | RMO x 2 until 4pm  | 0   | Administration of life preserving services including non-deferrable chemotherapy   |



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|----------------------|---|--|--|---|--|---|---|---|
|                      |   |  | 4x RN<br><br>1x HCA  | Will be based on the ward but may be required in ED.<br>SMO/RMO as available  |  | agreed  | and patients with oncological emergencies<br>RNs will need to be available where the need for observation of complex patients will preserve life or avoid permanent disability eg monitoring of neutropenic patients; monitoring of patients receiving methotrexate, cisplatin, ifosfamide and other chemotherapy regimens that have specific and essential monitoring requirements; EWS response assessment; direct supervision or management of CVAD access |   |
| Bureau/NRT           | RNs and HCAs across both pool and casual deployed across hospital in 8 hours for short notice and variance response | RNs and HCAs   | am 1100 to 1500  | X2 RNs<br>x2 HCAs   | 0  | Currently unknown   | On call off site<br>2 RNs<br>2 HCA for care companions<br>Agreed  | Short notice leave cover or workload including care companions for pm and nocte |
|                      |   |  | pm 1430 to 1900  | X1 RNs  | 0  | Currently unknown   | On call off site<br>2 RNs   |   |

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|----------------------|---|--|--|---|--|---|---|
|                      |   |  | and<br>x1<br>HCAs  |   |  | 2 HCA for care companions<br><b>agreed</b>  |   |
|                      |   |  | am 1100 to 1500  | 1 DNM   | Hospital Operations Manager 8 hours cover  | 0<br><b>agreed</b>  | Understands all the systems and processes to coordinate all emergencies across the hospital.  |
| Duty Nurse Managers  | pts admitted in 24 hours<br>777 events in 24 hours                            | 15-30 pts admitted in 24 hours<br>1-2 777 events in 24 hours     | pm 1430 to 1900  | 1 DNM   | Hospital Operations Manager 8 hours cover  | On duty on site from 1600<br>1 DNM<br><b>agreed</b>   | Not easily transferable skill based on years of experience.<br>Skilled experienced RN able to respond rapidly to most specialties in an emergency including unanticipated increase in demand, high sick leave, or other absences. |
| Medical Imaging      | CT Volumes<br>Acute demand for Fluoroscopy<br>I Outpatient and                | Acute inpatient CT and acute fluoro                              | AM   | 1 CNM<br>x2 RNs 0800-1630<br>Plus MITs  | MITs   | Currently unknown   | Provision of acute nursing cover for procedures in Interventional, Radiology and CT for the following stroke, embolization, angiography (non-cardiac), trauma.<br>Nurse must be interventional trained.                           |

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|----------------------|---|--|--|---|--|---|--|
|                      | nephrostomy changes<br>Acute room in the PM                                   | Acute demand ( )   | PM   | 2 RNs   | SMAOs<br>Radiology reg   | Currently unknown   | To review sedation, scrub in and monitor patient during procedure also recovery (short period) before return to area/ward. |
| General OPD          | 50  | 0  | am   |   |  | 0<br>agreed   | All clinics deferred   |
|                      |   |  | pm   |   |  | 0<br>agreed   |  |
| Children's OPD       |   |  | am   |   |  | 0<br>agreed   | All clinics deferred   |
|                      |   |  | pm   |   |  | 0<br>agreed   |  |



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|--|---|--|--|--|---|--|---|--|
| Emergency/ General Pool (Separate to Bureau) |   |  | pm   |  |   |  | 0<br>agreed   |  |
|  |   |  | am 1100 to 1500  |  |   | Currently unknown  | on call on site<br>3 RNs<br>agreed  | For acute events, 777, PAR   |
|  |   |  | pm 1430 to 1900  |  |   | Currently unknown  | on call on site<br>3 RNs<br>agreed  |  |
| CH4K   |   |  |  |  |   |  | 0<br>agreed   |  |
|  |   |  |  |  |   |  | 0<br>agreed   |  |

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# Te Whatu Ora

## Health New Zealand

| Department / Service  | Normal volumes in or through Department per 24 hours for which LPS being made | Likely volumes for 24/7 for which LPS requests likely to be made | Nursing staff on core roster for strike day as at date notice issued | Other clinical staff who will be available on strike day who are appropriately trained to undertake some patient management/support | Non-Union/non striking/redeployed nursing staffing available on strike day – RNs, HCAs | LPS Requested by status (Should be listed as on duty, or on call on site or on call off site) | Reason for LPS request – Contingency Plan and gap unable to be filled. Tasks to be covered |
|---|---|--|--|---|--|---|--|
| Specialist Nursing Services (where not otherwise mentioned) |   |  |  |   |  | 0<br>agreed   |  |
| District Nursing  |   |  | am   | Admin team<br>1 NL phone support  | Currently unknown  | No LPS currently required   | No LPS currently required  |
|   |   |  | pm   | Admin team<br>1 NL phone support  | Currently unknown  | No LPS currently required   |  |
| Community Mental health Teams/Crisis                        | 30  | 30   | am 1100 to 1430  | 2 RNS<br>2SMO<br>3 allied health<br>1 nurse (PSA)<br>1 Service Mgr<br>1 CTL   | Currently unknown  | on call off site<br>1 RN Crisis team member<br>agreed   |  |

BR

Brenda Close

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|---|---|--|--|---|--|---|--|
|   |   |  | Pm 1430 to 1900  | 3 RNs<br><br>2 SMO (partial - until 1600) IRMO<br>1 allied health, 2 nurses (PSA)<br>1 CTL  | Currently unknown  | on call off site<br>1 RN Crisis team member<br>agreed   |  |
| 12.5 (c) Civil Defence or Major emergency |   |  | 1. 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, the Districts and National Contingency Planner 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 and capacity 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 virus alert levels or other similar activity, airport or police alerts, unexpected |   |  | Pool of Nurses Required for 8 hr period   |  |

Brenda Close

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|----------------------|---|--|--|---|--|---|--|
|                      |   |  | sickness, unavailability of non-striking staff, or additional staff joining the Union. |   |  |   |  |

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

*Julie Williams  
Integrated Operations Centre  
Manager*

*Sheela  
Sue Eving-Hall  
NNO Organisat*

*Brenda*

Brenda Close

