

**APPENDIX 2.**

LPS Requirements 12.5a, 12.5b and 12.5c –

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

Taranaki District – For Strike 1.5.25 0001-2359							Request Confirmed: Name: Wendy Langlands Date: 16.4.25 Signature: <i>Wendy Langlands</i>	
Department / Service	Normal volumes in or through Department per 24 hours for which LPS being made	Likely volumes for 2/24 for which LPS requests likely to be made	Medical 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 medical staffing available on strike day – SMOs, RMOs	LPS Requested (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
Medical Services	60-70 inpatients	60-70 inpatients	1/5/25	1 oncall off site consultant at night  1 Oncall Consultant in day time  8 Consultants	7 Regs 7 HS		1 Consultant Physician on call off site 0001-2359  3 Onsite Consultant Physician 0800-1200 – new patients/acute patients assessed in ICU/ED/Ward. (Public Holiday Staffing model)	Maintain oncall off site for acute medical situations and support for RMO admitting patients  Escalation pathway via RMO. Inpatient 'take' divided between 3 SMO like a public holiday weekend.

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								On call off site consultant is expected to attend with in 20 minutes
General Surgery	30-40 inpatients	30-40 inpatients	1/5/25	1 oncall off site consultant at night  1 On Call Consultant in the day time  2 Consultants	7 Regs 1 SHO (vas) 7 HS		1 General Surgery Consultant oncall off site 0001-2359  1 Oncall Onsite General Surgery Consultant 0800-1700 – for acute patients and vascular  1 SMO on duty to remain with any acute in OT at the time strike commences	Request is for oncall service for urgent/Emergent surgical crisis to avoid permanent disability / death. Escalation pathway via RMO.  On call off site consultant is expected to attend with in 20 minutes
Orthopaedic Service	20 inpatients	30 inpatients	1/5/25	1 oncall off site consultant at night 1 on call consultant in day time  0 additional consultants	6 Regs 3 HS		1 Consultant Orthopaedic Surgeon oncall off site 0001-2359 1 Oncall Onsite General Surgery Consultant 0800-1700 – for acute <u>orthopaedic</u> patients.  1 SMO on duty to remain with any acute in OT at the time strike commences	Request is for on call service for urgent/Emergent surgical crisis to avoid permanent disability / death. Escalation pathway via RMO.  On call off site consultant is expected to attend with in 20 minutes
Paediatric Medicine Service	Paediatric Ward 12 inpatients  Neonatal Unit 8 inpatients	20 inpatients	1/5/25	1 on-call off site Consultant at night 1 on-call on-site Consultant during the day	6 Regs/HS		1 Paediatric Consultant on-call off-site 0001-2359  1 Paediatric Consultant on-call on-site 0800-1200 rounding on acute patients	Consultant LPS for urgent child/baby arrest and support for severe baby/child illness in the Inpatient/Emergency Department Escalation pathway via RMO/ED Consultant

Commented [CG1]: Agreed

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				5-7 Paeds consultants rostered			1 Paediatric Consultant on-call to remain with any acute patient in OT or any emergency situation at the time the strike commences	Paediatric Consultant on-call off-site is expected to attend with in 20 minutes
Obs & Gynae	12-18 inpatients	12-18 inpatients	1/5/25	1 on- call off-site Consultant at night 1 on- call on-site Consultant during the day 3-5 consultants	6 Regs/HS		1 O&G Consultant on-call off-site 0001-2359  1 O&G Consultant on-call on-site 0800-1200 rounding on acute patients  1 O&G Consultant on-call to remain with any acute patient in OT or any emergency situation at the time strike commences	Consultant LPS for urgent delivery/caesarean as prevention of permanent disability of parent / child  Escalation pathway via RMO. O&G Consultant on-call off-site is expected to attend with in 20 minutes
Operating Theatre (Anaesthetists)	15-20 theatre cases	Acute service only	1/5/25	Acute Theatre consultant x 3 Duty Anaesthetist x 1  0 other consultants	2 Regs (day time) 1 Reg (Nights)		1 Consultant Anaesthetists on call off site 0001-2359 (Acute)  1 Consultant Anaesthetist on call onsite 0800-2359 (Acute work)  1 Consultant Anaesthetist on call on site 0800-1700 for caesarean theatre	Agreement that every specialty may be conducting an acute procedure at the time the action begins and they will need to stay and complete the case.  Escalation pathway via RMO or Hospital Consultant.  On call off site consultant is expected to attend with in 20minutes

**Commented [CG2]:** Taranaki holds to the view that a second SMO is required to be on call onsite 0800-1700 and we have specified its purpose more clearly. This LPS proposal was from Dr P Marko.  
Reduction of 2 on call off site to 1 off site on call is agreed.

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							1 SMO on duty to remain with any acute in OT at the time strike commences	
ICU (Intensivist)	3-4 ICU patients (Mixed model of unit operation)	3-4 patients	1/5/25	1 On call Consultant	1 Reg		1 Consultant Intensivist on call off site 0001-0800 1 Consultant Intensivist on call on site 0800-1700 1 Consultant Intensivist on call off site 1700-2359	Required to have Consultant lead care for the severely ill to avoid permanent disability. Escalation pathway via RMO.
Psychiatry	Up to 23 inpatients	Up to 23 inpatients	1/5/25	1 on call Consultant 24/7  8 Consultants 6 locums	4 Regs 2 HS		1 Consultant Psychiatrist on call off site at night 0001-0800.  1 Consultant Psychiatrist on call on site during the daytime 0800-1700 to cover ward and crisis service  1 Consultant Psychiatrist on call off site between 1700-2359	A consultant is required to undertake Mental health Act work and legal requirements for severe acute compulsory admission or assessments.
Urology	4-8 inpatients	4-8 inpatients	1/5/25	1 Consultants	1 Reg 1 HS		1 Consultant Urologist oncall off site 0001-2359.	
Otolaryngology	1-2 inpatients	1-2 inpatients	1/5/25	1 consultant	1 Shared HS		1 Consultant ENT oncall off site 0001-2359.	
Dental	1-2 inpatients	1-2 inpatients	1/5/25	2 Consultant	Registrar 1 Shared HS		1 Consultant Surgeon oncall off site 0001-2359.	
Base Emergency Department	100-130 daily	12 acutely unwell patients	1/5/25	From 0130–0700 off site Consultant	3 Reg 1 HS		From 0001-0700 oncall off site Consultant Emergency Medicine Physician for Base ED	There can be up to 12 patients in Serious/critical condition in resus. Need skill set able to

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		needing a consultant.		Emergency Medicine Physician for Base ED  2 consultants in daytime hours			1 Onsite Consultant Emergency Medicine Physician for Base ED 0700-1600  1 Onsite Consultant Emergency Medicine Physician for Base ED 1500-2359  From 0800-2359 oncall off site Consultant Emergency Medicine Physician for Base ED	manage resuscitation and patient safety for more than patient in a situation where more than one critical event occurs at one time  On call off site consultant is expected to attend with in 20 minutes
Hāwera Emergency Department	50-65 patients daily	6 acute patients.	1/5/25	1 consultant overnight Midnight to - 0800 (shift starts at 2000) 1 ED Consultant 0800-1600 1 Consultant 1300-2100 1 consultant 2000-Midnight			1 Emergency Medicine Consultant on-site in Hāwera ED 0001-2359 (rostered different Dr)	The ED consultant covers HIP and emergencies across the rural hospital.  This will be the only SMO on site covering all services (ED / inpatients / maternity / GP clinic / OPD / Mental Health / Dental.
Hāwera Inpatient	8-12 Patients	8-12 Patients	1/5/25	1 consultant			1 Rural Hospital Medicine Consultant oncall on site 0800-1600	SMO to review new acute admissions on ward round.
STRH – GP /Hawera Acute Clinic/ARC	50 (4-hour period)		1/5/25	1 GP 1000-1630 1 GP 1300-1630	1 Nurse Practitioner 0830-1200 1 Nurse Practitioner 1300-1630		NOT Requested	

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Public Health	Not specified		1/5/25		1 HS		NOT Requested – national request	Would activate 12.5.c in Public Health Emergency and access national SMO identified.
OPHS – Gerontology	20-25 inpatients	20-25 inpatients	1/5/25	2 consultants Onsite.	1 reg 2 HS		1 Consultant Gerontology <del>offsite</del> on call (inpatients)– 0800-1630	
Radiologist	USS – 20-30, CT – 20-26, MRI – 10 8 hours of imaging	USS – 20-30, CT – 20-26, MRI – 10 8 hours of imaging Outpatient routine reporting will be delayed.	1/5/25	1 consultants onsite	None	Use of contractors for reporting or outsourcing of urgent reporting during strike period. Would need to understand capacity issue if all HNZ sites are outsourcing. Non urgent reporting can be completed post strike	1 Consultant Radiologist On call off site for 24 hour period	This request is for time sensitive inpatient/ED imaging decisions and urgent reporting of acute patient imaging. Escalation pathway via RMO/ED Consultant.  On call off site consultant is expected to attend with in 20 minutes but can also work remotely in most cases.
Community Medical (Sexual Health and medical termination service)	8 outpatients	rescheduled	1/5/25				NOT Requested	
Civil Defence or Major emergency	NA		1/5/25	all	Reduced staffing		Access to staff required should this situation arise and return to work (full or partial) be needed.	Pool of staff as agreed in the emergency management protocol  Escalation via Hospital Lead.

Commented [CG3]: Changed to off site from on site

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

