

Te Toka Tumai Auckland Combined LPS Request
ASMS Industrial Action 1st May 2025
24 Hours Total Withdrawal of Labour

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LPS – Adult Medical Directorate

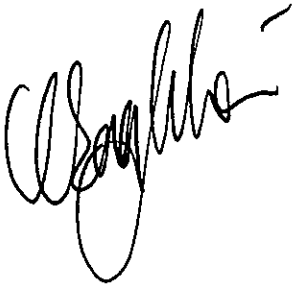
* Agreement that every specialty may be conducting an acute procedure at the time the action begins and they will need to stay and complete the case” i.e. Situations where a union member is in the middle of completing an assessment which cannot safely be stopped or completed by someone else for clinical reasons e.g., acute presentation, CATT attendance. The staff member completing that assessment will remain under LPS

- On call off site time frames will align with usual service call back timings

Department of Critical Care Medicine (DDCM/Ward 81)

24 Hours Total Withdrawal of Labour (1st May 0001 - 2359)										
Directorate Department / Service	Site	Average volumes in or through Department during the strike time	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued (As published)	Other staff available who are appropriately trained to undertake patient management/ Support	Non- Union/non striking Staffing Available –	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on-duty, or on-call on-site or on-call off- site)	Agreed LPS
Department of Critical Care Medicine	Auckland City Hospital Building A32 Level 8	Likely 26 patients in the unit	Up to 26 beds	0001-2359	3 x SMOs	Nil	None	<p>We intend to cover our inpatients and support/supervise our registrars in attending hospital wide emergency code calls.</p> <p>Life preserving interventions: Management of ventilation, inotropes, continuous renal replacement therapy.</p> <p>Contingency for any patients arriving acutely through Resus, ward codes and acute deterioration requiring ventilation or inotropes.</p> <p>All deceased donor liver, kidney and pancreas transplants will be accepted.</p> <ul style="list-style-type: none"> Crises intervention for the preservation of life or prevention of disability Care required for therapeutic services without which life would be jeopardised or permanent disability occur Urgent diagnostic procedures required to obtain information on potentially life-threatening conditions or permanent disability <p>ICU patients (Invasive ventilation, and/or Continuous Renal Replacement</p>	<u>0001 – 2359</u> 3 x SMOs on duty	

								<p>therapy and/or on more than one inotrope)</p> <ul style="list-style-type: none">• Assistance with diagnostic procedure which cannot be deferred including transport off the floor for urgent radiology• HDU patients (Non-invasive ventilation, low level inotropes, physiologically stable, no Behaviours of Concern) monitoring, inotrope administration, medication administration, pressure area cares.• Provision to admit and care for patients with acute deterioration requiring Intensive Care from hospital or Emergency Department.• National Liver Unit – all interventions required for this patient group.		
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Renal Services

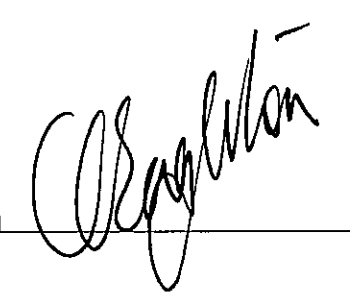
24 Hours Total Withdrawal of Labour (1st May 0001 - 2359)

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Renal	Auckland City Hospital: Ward 71, Acute Dialysis Unit, Building 56 & off-unit ie DCCM	18x Nephrology inpatients 30x Nephrology consults 10x Renal transplant inpatients 15x Acute transplant outpatients 95x Dialysis patients	Same	0001-2359	2 general nephrology SMOs 2 Renal Transplant SMOs	Renal ward reg Nil – Reg on MEL 1 of 2 Renal Transplant regs (Annual leave for other) Nil	Nil	General nephrology and renal transplant patients receive daily SMO input due to specialised nature of treatment (dialysis and transplant care). In usual conditions we provide 24/7 SMO cover on site or on call. At weekends 1 general nephrology and 1 transplant nephrologist are on duty each day.	<u>0001-0800</u> 1 x general nephrology SMO on call off site 1 x renal transplant SMO on call off site <u>0800-1700</u> 1 x general nephrology SMO on duty 1 x renal transplant SMO on duty <u>1700-2359</u> 1 x general nephrology SMO on call off site 1 x renal transplant SMO on call off site	
	Greenlane G30	10x dialysis patients	Same	0001-2359	1 General nephrology SMO by phone	Dialysis Registrar	Nil	Registrars assist with patient management but are not able to make all decisions on dialysis, nephrology and renal transplant care. Refer to SMOs on ACH site.		
	Kererū Kidney Centre	30x dialysis patients	Same	0001-2359	1 General nephrology SMO by phone	Dialysis Registrar	Nil			
	Tui Carrington Dialysis Unit	50x dialysis patients	Same	0001-2359	1 General nephrology SMO by phone	Dialysis Registrar	Nil			

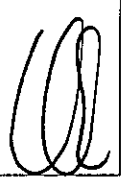
Emergency Medicine (AED)

24 Hours Total Withdrawal of Labour (1st May 0001 - 2359)

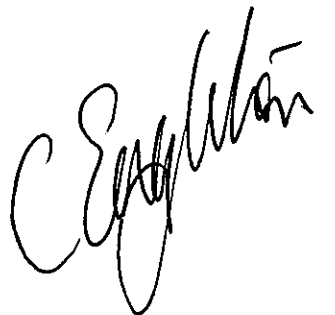
Directorate Department / Service	Site	Average volumes in or through Department during the strike time	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued (As published)	Other staff available who are appropriately trained to undertake patient management/ Support	Non- Union/non striking Staffing Available –	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on-duty, or on-call on-site or on-call off- site)	Agreed LPS
Adult Emergency Department	Auckland City Hospital Building A32, Level 2	225 patients during the 24 hour period 30-50 existing patients (carried over from the previous 24 hr period)	225 patients during the 24 hour period 30-50 existing patients (carried over from the previous 24 hr period)	08:00- 18:00 12:00 – 10:00 16:00 – 02:00 22:30-08:00	13 SMOs/ Fellows/ MOSS's	7 Registrars 7 House Officers These RMO's are able to see patients but are not trained sufficiently to fulfill the role of a senior decision maker	To be confirmed but principally there aren't any in this category.	<ul style="list-style-type: none"> Maintain ability to have senior decision makers in resuscitation, monitoring, acutes and short stay area Maintain patient's safety in the acutely undifferentiated patients Provide life and limb saving treatments and procedures for patients Provide appropriate care and decision making for behaviourally disturbed patients whether it be psychiatric illness or acute intoxication Assessment and management of patients with complex medical and surgical conditions with potential to deteriorate if not treated in a timely manner Senior medical staff to provide clinical oversight and supervision of patients in the department to ensure clinical safety Clinics and other service areas will limit their care and patients either are told or chose to present to AED Hato Hone St Johns Ambulance service cannot divert to other hospitals. Auckland City Hospital AED receives regional trauma, cardiac and stroke patients which increase AED presentations require SMO decision making. These patients require LPS Current Access block means increased numbers of in-patient patients remaining in AED for longer periods requiring senior decision making within the timeframe 	<p>Total 13 SMO across the 24 hour period from 0001 to 2359 (breakdown of shifts as noted above)</p> <p><u>08:00- 18:00</u> 4 x SMO/ Fellow on duty</p> <p><u>12:00 – 10:00</u> 1 x SMO on duty 1 x MOSS on duty</p> <p><u>16:00 – 02:00</u> 4 x SMO/ Fellow on duty 1 x MOSS on duty</p> <p><u>22:30-08:00</u> 1 x SMO on duty 1 x Fellow/ MOSS on duty</p>	



General Medicine (Wards 63, 65, 66, 67, 68)

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Adult Medical Directorate General Medicine	Auckland City Hospital, Building A32, Level 6 Ward 63,65, 66, 67, 68 Outlying patients Gen Med patients on AED and CDU	Average admission 55 patients/24 hours for Gen Med Service	180+ inpatients on average	0001-2359	8:00 until 13:30: 15 SMO on site. Note: The 15 SMOs consists of 5 ward based teams + ED/CDU + outliers with 3 SMO in each team. Included in above is 1 SMO on call 24h 08:00 to 08:00 8:00 to 16:00: 1 MOSS acute admitting new patients referred after 08:00	Med Reg to carry referrals phone instead of MOSS	1 non-union known from 0001 to 0800 and 0800-1200	New patients require a consultant review within 24 hours of admission. This is completed during morning on post-acute ward rounds 7 days/week. Additionally, any deteriorating patients should be seen by a consultant on this ward round. Risk exists for any acute patient admitted to hospital to deteriorate resulting in temporary or permanent harm or disability. Clinical oversight required to maintain LPS for all patients as potential to deteriorate without appropriate senior review and management.	<u>0001-0800</u> 1 x SMO on call off site <u>0800-1200</u> 5 x SMO on duty (this is 1 SMO per ward based team + outliers) until completion of new patient / deteriorating patient consultant reviews on post-acute ward rounds. This is likely to be completed prior to 1200. Members may strike upon completion. <u>1200-1900</u> 1 x SMO on-call on site after new / deteriorating patients have been reviewed per above. <u>1900-2359</u> 1 x SMO on-call off site.	
Hospital in the Home (General Medicine/ Infectious Diseases)	Commun ity based patients	10-20	10-20	0001-2359	2 SMO on call	Any patient concerns can be referred to Gen Med admitting GP phone held by Registrar or MOSS; or admitted to the Emergency Department	Not known – presuming none	HITH provides hospital- level <u>acute</u> health services in the home that is a clinically safe alternative option to inpatient care. HITH is seen as an acute care “virtual ward” within Te Toka Tumai, with a 40 virtual bed base. It is important to note that the clinical and social criteria in the pathways reflect hospital level of care.	No LPS Required In the case of patient deterioration, a HITH patient would be referred to above Gen Med and Emergency Department LPS SMOs	

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								Failure to provide the service may result in the client Imminently being admitted as an in-patient for treatment and/or symptom control		

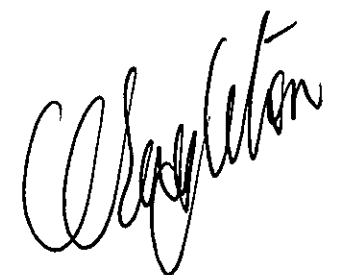


Gastroenterology

24 Hour Total Withdrawal of Labour (1 st May 0001 – 2359)										
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Gastroenterology	Auckland	1 SMO on duty acute 6 lists -25-30 cases (Bronch, ERCP, EMR, acute, Service and training lists)	Acute LPS cases only	0001- 0800 On call off site 0800- 1630 On duty 1630- 2359 On call off site	6 SMO	Nil	1 x non union staff	SMOs required for any acute procedures.	<u>0001 - 0800</u> 1 x SMO on call off site <u>0800 – 1000</u> 1 x SMO on duty (ward round) <u>1000 - 1630</u> 1 x SMO on call on site <u>1630 - 2359</u> 1 x SMO on call off site A 2 nd SMO who can undertake ERCP will need to be on call off site for the full 24 hours if the above SMOs are not ERCP credentialled	
	Greenlane	2 lists (1xBSP, 1 x training) 8 -10 cases total	Nil – all cases will be cancelled		2 SMO	Nil		Nil	No LPS required	No LPS required

Respiratory

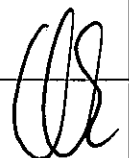
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Respiratory Ward 72 Ward 7A	Auckland City Hospital Building A32 Level 7 Building A01 Level 7	21 beds 9 beds			2 SMO on duty	None	Unknown	<p>All new patients require a consultant review within 24 hours of admission and any deteriorating patients must also be reviewed by an SMO. Respiratory SMO to support the ward for acute interventions, respiratory distress, complex post-op patients including lung transplant.</p> <p>TB patients can be admitted at any time directly from the community or other hospitals. Patients that are admitted are higher acuity with Multi-Drug Resistant TB. These patients are in negative pressure rooms in full isolation.</p> <p>Lung transplant patients are admitted by the transplant SMO directly.</p>	<p>0001 – 0800 1 x General Respiratory SMO on call off site 1 x Transplant SMO on call off site</p> <p>0800 - 1200 1 x General Respiratory SMO on duty 1 x Transplant SMO on duty for post acute ward round and to review any deteriorating patients.</p> <p>1200 – 2359 1 x General Respiratory SMO on call off site 1 x Transplant SMO on call off site</p>	
Respiratory Outpatients	Greenlane Clinical Centre Building 4 Level 1				5 SMOs 8:00 to 12:30 1 SMO bronch	NA	NA	Nil	No LPS required	No LPS required



Neurology

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Ward 51 Taiao Ora	Auckland City Hospital, Building A32 Level 5	41 beds total (11 HASU beds & 30 Neuro & Rehab)	Same	0001-2359	2 SMO on duty	Stroke and Neurology Registrars	Not known currently, Presuming none	Hyper-acute stroke admission. Risk exists for any acute patient admitted to hospital to deteriorate resulting in temporary or permanent harm or disability.	0001-0800 1 x SMO Neurologist On call off site 0800-1200 2 x SMO Neurologist on duty until completion of new patient / deteriorating patient consultant reviews on post acute ward rounds. 1200-1730 1 x SMO Neurologist on-call off site 1730-2359 1 x SMO Neurologist on call off site	
Outpatients and Neurology Day Stay	Auckland City Hospital Building A01 Level 8	12-15 daystay patients	Same		1 SMO on duty		None	Registrars assist with patient management but are not able to make all decisions. Refer to SMOs on ACH site.	No LPS required	

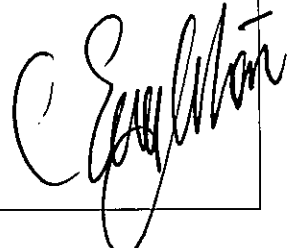
Infectious Diseases

24 Hours Total Withdrawal of Labour (1st May 0001 - 2359)										
Directorate Department / Service	Site	Average volumes in or through Department during the strike time	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued (As published)	Other staff available who are appropriately trained to undertake patient management/ Support	Non-Union/non striking Staffing Available –	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on-duty, or on-call on-site or on-call off-site)	Agreed LPS
ID/CHIV and OPIVA team	Auckland City Hospital Building A01	10-12 as well as virtual appointments	Likely 2-5 ID inpatients in ward.	NA	4 SMO's total 1 SMO referrals 1 SMO inpatients	2 Registrars	Not currently known	Access to SMO level advice may be required for urgent referrals	0001-0800 1 x SMO on-call off-site 0800-1200	

	Level 6		Consults ward rounds Outpatient clinic		1 SMO bacteraemia 1 SMO on Non-contact			e.g. severe sepsis.	1 x SMO on duty for post acute ward round and to review any deteriorating patients <u>1200-2359</u> 1 x SMO on-call off-site	
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LPS – Radiology

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

24 hours Total Withdrawal of Labour (Thursday 1 st May 0001 – 2359)										
Department / Service	Site	Normal volumes in or through Department per 24 hours for which LPS being made	Likely volumes for 24 hrs for which LPS requests likely to be made	Medical staff on core roster for strike day as at date notice issued	Shift	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	Reason for LPS request – Contingency Plan and gap unable to be filled. Tasks to be covered	LPS Requested (Should be listed as on duty, or on call on site or on call off site)	Agreed LPS
Radiology Adults	ACH	MR 40 patients CT 160 patients IR 1-3 patients INR 1-2 patients US 85 patients Plain Film 350 patients Fluoro 20 Mam 18 patients NM 17 patients PRRT 4 patients	MR 1–8 patients CT 5-50 patients IR 4–8 patients INR 1-5 patients US 5-20 patients Plain Film 1-50 patients Fluoro 0 Mamms 0 NucMed 0 PRRT 4	35 SMOs 19 RMOs	0001 – 08:00 (on-call) 08:00 – 17:00 (shift) 16:30 – 23:59 (on-call)	(30 RN) 10 Women's Health Sonographers	12 RMOs ? non-union SMOs ? non-striking SMOs	Urgent diagnostic procedures required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability. Care required for therapeutic (interventional) services without which life would be jeopardised or without which permanent disability would occur.		
								Neuro Interventional: Diagnostic: <ul style="list-style-type: none"> Angiography on patient requiring urgent Neurosurgery Interventional: <ul style="list-style-type: none"> Stroke/Clot retrieval (PSI) Cerebral Vasospasm Aneurysm Coiling Epistaxis (life threatening) 	Neuro Intervention 00:01 – 08:00 – 1 x SMO on-call off-site 08:00 – 17:00 – 1 x SMO on-call off-site 16:30 – 23:59 – 1 x SMO on-call off-site	
								Any other clinical condition that the treating clinician feels meets LPS criteria		
								Vascular and Peripheral Intervention: Interventional: <ul style="list-style-type: none"> Bleed Embolisation (GI, Tumour or other) Drainages – Chest/Abdominal (Abscesses, Empyema, Sepsis) 	Vascular/Peripheral Intervention 00:01 – 08:00 – 1 x SMO on-call off-site 08:00 – 17:00 – 2x SMO on-call on-site 16:30 – 23:59 – 1 x SMO on-call off site	

								<ul style="list-style-type: none"> • Obstructed Kidneys • Obstructed Bile Ducts • Ruptured Aortic Aneurysm or impending rupture • Acute Aortic Dissection – associated with bowel ischaemia • Limb Thrombosis • Biopsies – Transplant Patients: • Kidney • Liver <p>Any other clinical condition that the treating clinician feels meets LPS criteria</p>		
								<p>Diagnostic (MRI, CT, USS & Plain Film):</p> <p>Major trauma Cardiac Arrest Myocardial Infarction</p>		
								<p>Undifferentiated chest pain Abdominal pain Headache</p>		
								<p>Pulmonary Emboli Pneumothorax Severe Asthma Aortic dissection Acute Pulmonary Oedema Aortic Aneurysm or other Vascular emergency</p>		
								<p>Sepsis Pneumonia Spinal infection Epidural abscess Meningitis/encephalitis Abdominal obstruction Abdominal pain in patients > 50 years Acutely unwell pregnant person</p>	<p>Neuro Diagnostic 00:01 – 08:00 – 1 x SMO on-call off-site 08:00 – 17:00 – 1 x SMO on-call on-site 16:30 – 23:59 – 1x SMO on-call off site</p>	
								<p>Altered level of consciousness Stroke Subarachnoid haemorrhage Cord compression</p>	<p>Body/MSK 00:01 – 08:00 – 1 X SMO on-call off-site 08:00 – 17:00 – 1 X SMO on-call on-site – Body 08:00 – 17:00 – 1 x SMO on-call on-site – MSK 16:30 – 23:59 – 1 x SMO on-call off site</p>	
								<p>Limb threatening injury e.g. Dislocation (all joints) Injuries with potential neurovascular compromise</p>		
								<p>Patient requires procedural sedation /local anaesthetic to correct deformity e.g. Ankle fracture, Coles fracture and other displaced fracture</p>		
								<p>Trauma Head injury, facial injury, mandible fracture/dislocation, cervical spine injury,</p>		

								Any other condition where to not obtain imaging may result in patient, harm, disability or death		
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Community and Long-Term Conditions Directorate – 1st May 2025 00:01 to 23:59

Palliative care and Specialist Outpatient Services (Dermatology, Endocrinology, Immunology, Diabetes, Sexual Health, TARPS, and Rheumatology)
No LPS requests

Community HiTH
LPS cover provided by Gen Med LPS plan- proposed HiTH patients can be referred /escalated to general medicine - see general medicine LPS

On call offsite On call off site time frames will align with usual service call back timings

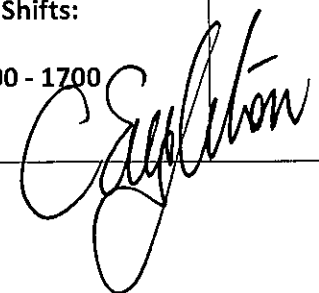
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Community and Long-Term Conditions, Mana Awhi	Mana Awhi - Awatea Ward	28 patients	24 (includes 8 ESR beds)	00:00 – 8:00	1 on call off site	Nil	Not Known	SMO input required to support patients having: <ul style="list-style-type: none">Codes and emergency situationsundue suffering from pain or distressthe risk of irreversible deterioration of their health status requiring long-term inpatient management by other life preserving treatment/ intervention requiring expertise at SMO level	<u>00:00 to 08:00</u> 1 x SMO on call offsite	
	Marino Ward	24 Patients	24	08:00 – 16:30	12 on site				<u>08:00 to 16:30</u> 3 x SMO on call onsite	
	Remuera Ward	28 Patients	28	16:00-23:59	1 on call off site				(Level 13 / level 14 / CDU / any urgent referrals meeting LPS threshold)	
	Rangitoto	27 Patients	30 (includes 8 ESR Beds)						<u>16:30 to 23:59</u> 1 SMO on call offsite	

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Community and Long- Term Conditions	Sexual Assault	1-2 patients during the day and afterhours	1-2 patients	00:00 – 06:00 08:00 -17:00 18:00 – 23:59	1 on call (a/h) 2 on site (daytime) 1 second on call	Nil – other than usual requirement of forensic nurse to co-manage acute cases	Not Known	SMO cover required to support any forensic requirements during withdrawal of Labour period – recent strikes in the past have created a precedent for this requirement	<u>00:00 – 06:00</u> 1 SMO on call offsite <u>06:00 – 18:00</u> 1 SMO on call offsite <u>18:00 – 23:59</u> 1 SMO on call offsite	

LPS – Women’s Health Directorate

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Women’s Health	Women’s Assessment Unit ACH	34 events	22		“WAU SMO” = 1 SMO on site and on call for WAU/97/acute surgery	0 Junior doctors will be available		Management of care for life preserving gynaecological and maternity presentations, for example but not limited to; <ul style="list-style-type: none"> Ectopic pregnancy Reduced fetal movements Spontaneous miscarriage that is unstable Sepsis 	2 Shifts: 0800 - 1700	



				0800 –1700	for WAU/97 patients	as per normal but they need the support of SMO's and scope is restricted		<ul style="list-style-type: none"> Retained products Pre-eclampsia/Eclampsia Obstetric haemorrhage Fetal surveillance of high risk pregnancy Severe medical conditions in pregnancy Induction of labour for high risk pregnancy (LBS SMO) 	1700 - 0800 1 x O&G SMO on site on call (shifts above) 1 x Gynae Oncology SMO offsite on call (covering 97/theatres for GONC patients) SMO available 8am-6pm if needed "for time critical non-deferrable oncology or MFM cases, may be cancelled on the day"	
Women's Health	Ward 97 ACH	22 beds	15 5 acute	1700 - 0800				Management and post operative care for all inpatients, including vulnerable and unstable women Gynae Oncology Gynae Inpatients Gynae Acute		
Women's Health	Tamaki Ward ACH	21 + flex 5 beds occupied (Excludes babies)	21	0800 –1700 1700 - 0800	" LBS SMO" = 1 SMO on site and on call for LBS/MCCA/98/96/Tamaki/acute surgery for LBS/obstetric inpatients " Obstetric Physician" = 1 SMO on site and on call for obstetric assessments/inpatients	0 Junior doctors will be available as per normal but they need the support of SMO's and scope is less	0	Tamaki : Post natal care Post op C-section care Extended postnatal stay for high social need/mothercare Readmissions Ward 98: Maternal, fetal and conditions that are life threatening Medications management Antenatal and postnatal high risk patients LBS/MCCA: Care of mama and pēpē in birthing Intensive monitoring of complex maternity patients short of DCCM	2 Shifts: 0800 - 1700 1700 - 0800 1 x Obstetric SMO on site on call 0800-1700 1 x Obstetric Physician SMO on site on call 1700 – 0800 1 x Obstetric Physician on call off site	
Women's Health	Ward 96 ACH	4 beds	4							
Women's Health	Ward 98 ACH	23 beds	21							
Women's Health	Labour and Birth Suite/MCCA ACH	14 women having babies (includes women who have a self-employed LMC) + 2 MCCA beds								

Women's Health	Fertility Plus Greenlane	12 clinic outpatient appointments 10 scans 4 embryo replacements 2 inseminations			1 SMO		0	In cycle treatments	0800-1800 1 x SMO on call offsite, available within 20 minutes	
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LPS – Clinical Support Directorate

LabPlus, APS Mt Wellington and Forensic pathology

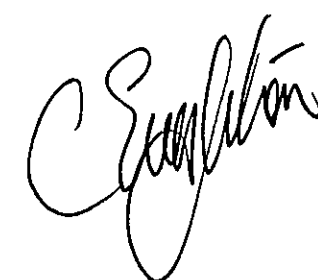
- Acute services will continue through the strike period. These include emergency department, inpatient, ICU, theatre, day stay which is inherently LPS or on an unavoidable time course (e.g. chemotherapy, time-sensitive medical infusions)
- Agreement that every specialty may be conducting an acute procedure at the time the action begins and they will need to stay and complete the case" i.e. 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, CATT attendance. The staff member completing that assessment will remain under LPS

..... 24 Hours Total Withdrawal of Labour (1 st May 2025 0001 – 2359)										
Directorate Department / Service	Site	Average volumes in or through Department per 24 hours of days of action	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient management /Support	Non- Union/non striking Staffing Available	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on-duty, or on- call on-site or on-call off-site)	Agreed LPS
Anatomical Pathology	ACH	1-4 urgent frozen sections or urgent biopsy such as transplant assessment	0-4 urgent frozen sections or urgent biopsy such as transplant assessment	1 May 24 hours 0000 – 2359 hrs	>10 onsite during business hours (0800 – 1700) 3 x on call after hours (general call, liver transplant, renal transplant rosters)	Scientific and technical staff will process the frozen section and urgent biopsy and wait for the SMO to report the case	Unsure	Require four specialities to be covered on-call or onsite SMO cover during the strike to report any urgent frozen sections, or urgent biopsies . This covers the general and paedscall, after- hours general and paeds call, liver transplant, renal transplant rosters.	0001 – 0800 – 1 x SMO On Call Off Site for Liver, Renal, General and Paeds 0800 – 1600 1 x SMO On Call On Site for Liver, Renal, General, Paeds 1600 – 2359 1 x SMO On Call off Site for Liver, Renal, General and Paeds No of SMOs will be dependent on competency of volunteers. Require on-call SMO cover during all the strike hours	

C. Egan

Anatomical Pathology Service, Mt Wellington	37-41 Carbine Rd	1-2 urgent frozen sections or urgent biopsies	0-1 urgent frozen sections or urgent biopsies	1 st May 2025 0000 – 2400 (24 hrs)	onsite 1 x onsite on call	Scientific and technical staff will process the frozen section and urgent biopsy and wait for the SMO to report the case	1 dermpath plus unsure on any other SMOs as yet	Require on call or onsite SMO cover during the strike hours to report urgent frozen section and urgent biopsy	0800-1700-1 x on call on site SMO	
Northern Forensic Pathology Service	Auckland and Palmerston North	8 post-mortems	1 -2 post-mortems	1 st May	Dr Cassie Boggs (Auckland) Dr Kate White (Palmerston North)	Dr Simon Stables	Dr Kilak Kesha	The following exceptions to the withdrawal of service are being requested on the grounds of being justice preserving 1. Forensic post-mortems (homicide and suspicious deaths) 2. Immediate post-mortems directed by the Coroner for cultural/religious infant reasons	0800 – 1600 – 1 x SMO on duty 1600-0800 – 1 x SMO on-call off site 3 Routine Post Mortems or 1 Suspicious Homicide can be covered by Dr Kesha.	
Haematology	Grafton	2000	50	1 st May 001-0800 0800-1600 1600-2359	3 for 0800-1600 shift 1 off site for after hours	No	No	Require on call (off site) cover to provide clinical advice to scientists and medical staff for critical LPS results. On call would be used for LPS Critical results only	1 x SMO oncall offsite contactable by phone and having a remote access (Horizon remote desktop) for each of the 3 shifts: 0001 – 0800 0800 – 1600 1600 – 2359	
Automation and Laboratory Support Services, Special Chemical Pathology	ACH	Automated Chemistry 9,300 tests per day Special Chemistry 650 per day 3 national screening programmes -	250 per 24 hours	1 st May 00:01 to 23:59 (24 hrs)	BAU normal roster includes: one day duty SMO rostered, and one afterhours SMO rostered	None	Unsure	Require on call (off site) cover to provide clinical advice to scientists and medical staff for critical LPS results. On call would be used for LPS Critical results only	0001 – 0800 1 x SMO On call off site Contactable by phone with access to citrix to view results and RCP. 0800 – 1600 1 x SMO On call off site Contactable by phone with access to citrix to view results and RCP 1600 – 2359	

		Newborn 100 Antenatal 100 Bowel Screening 1000							1 x SMO On call off site Contactable by phone with access to citrix to view results and RCP	
Microbiology	ACH	636	20	1 st May 0001-2359	2 (x1 on call)			Require on call (off site) cover to provide clinical advice to scientists and medical staff for critical LPS results.	0001 – 0800 0800 – 1600 1600 – 2359 1 x SMO on call offsite for all shifts	
Immunology	ACH	1169	Depending on what is received as urgent on the day 3 per week	1 st May 0001-2359	1 (oncall roster)			Require on call (off site) cover to provide clinical advice to scientists and medical staff for critical LPS results. X1 Oncall offsite	0001 – 0800 0800 – 1600 1600 – 2359 1 x SMO on call offsite for all shifts	



LPS – Cardiovascular Services Directorate

* 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” i.e. 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, CATT attendance. The staff member completing that assessment will remain under LPS

24 hours Total Withdrawal of Labour (1st May 0001 – 2359)										
Directorate Department / Service	Site	Average volumes in or through Departme nt per 24 hours	Likely volume for 24 hours for which LPS request likely to be made	Shift Usual Roster	SMO staff on core roster for strike day as at date notice issued	Other staff who will be available on strike who are appropriately trained to undertake patient management / support	Non-Union/non striking Staffing Available –	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on- duty, or on-call on-site or on-call off- site)	Agreed LPS
Cardiovascular Directorate Ward 41 (Vascular Surgical)	ACH, Level 4	24	Usual Ward occupancy 22- 24 patients	5 SMO	5 SMO	Nurse practitioner, CNS, RMOs	TBC	<p>1 x SMO on-call on-site for care of patients on ward to prevent temporary or permanent harm or disability (administration of medicines, patient observations and physiological monitoring, fluids and blood products, assessments for harm, management of behaviours at risk of serious harm (protection, suicide, AWOL risk) clinical deterioration.</p> <p>Risk exists for any acute patient admitted to hospital to deteriorate resulting in temporary or permanent harm or disability. Clinical oversight required to maintain LPS for all patients as potential to deteriorate without regular clinical observations and interventions.</p> <p>1 x SMO on-site for P1 (urgent) and acute operating</p>	<p><u>0001-0759 & 1701-2400</u></p> <p>1 x SMO On-call off-site</p> <p><u>0800–1700</u></p> <p>1 x SMO On-call on-site for acute ward cover 1 X SMO On-duty for Acute/P1 (urgent) surgery</p>	



Cardiovascular Directorate CIU	ACH, Level 3	All acute STEMI & any acute device work + P1	3 Rooms	4 SMO - Cardiologists 3/4 – interventionists SMO	Total 20 SMO rostered for whole service. LPS areas roster: 4 SMO -	RMOs/CNS	TBC	Provide Cardiology cover to CCU, CVICU, DCCM to prevent temporary or permanent harm or disability Care of patients on ward to prevent temporary or permanent harm or disability (administration of medicines, patient observations and physiological monitoring, fluids and blood products, assessments for harm, management of behaviours at risk of serious harm (protection, suicide, AWOL risk) clinical deterioration.	0001-0759 & 1701-2400 1 Cardiologist SMO (ward and CCU) off site on-call 1 Interventional Cardiologist SMO (CIU) off-site on-call (Regional Roster SMO from 1 of Auckland/Counties/Waitemata)
Cardiovascular Directorate CCU	ACH, Level 3	22	20-22	1 EP –on call -SMO 1 ECHO on call - SMO	Cardiologists 4 – Interventional		TBC		1 x Cardiologist SMO (ECHO) off-site on- call 1 x Cardiologist SMO (EP) off-site on-call
Cardiovascular Directorate Ward 31	ACH, Level 3	28 +8 (flex increased winter bed base)	26-28				TBC	Risk exists for any acute patient admitted to hospital to deteriorate resulting in temporary or permanent harm or disability. Clinical oversight required to maintain LPS for all patients as potential to deteriorate without regular clinical observations and interventions.	0800-1700 1 x Cardiologist SMO (ward and CCU) also covering on site on-call 1 x Interventional Cardiologist SMO (CIU) on-site on-call 1 x Cardiologist SMO (ECHO) off-site on- call 1 x Cardiologist SMO (EP) off-site on-call


Transplant Coordination	ACH Level 3 and 4 and Hearty Towers GCC	All transplant activity	1 "acute" transplant per week – variable	2 SMO on-call	2 SMO on-call	Transplant MOSS	TBC	Cover for transplant on-call cardiology, acute retrieval and acute transplant which is time critical.	<u>0001-0759 & 1701-2400</u> 1 x Transplant Surgeon SMO on- site on-call for Acute work. Refer to CTSU surgical cover <u>0800-1700</u> 1 x Cardiologist SMO (transplant on- site for ward round then off-site on-call) 1 x Transplant Surgeon SMO on- site on-call for Acute work. Refer to CTSU surgical cover	
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LPS – Child Health Directorate

- There are unique risks and needs of paediatric patients and LPS arrangements need to specifically reflect these
- Starship provides a range of acute services for the sickest children nationally and in some instances is the only regional or national acute service provider
- Acute services will continue through the strike period. These include emergency department, inpatient, ICU, theatre, day stay which is inherently LPS or on an unavoidable time course (e.g. chemotherapy, time-sensitive medical infusions)
- Acute surgical and procedural activity will continue and planned procedures will be subject to LPS agreements

* 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 i.e. 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, CATT attendance. The staff member completing that assessment will remain under LPS




CED full withdrawal of labour – 24 hours, May 1st 0001 to 2359										
Directorate Department / Service	Location	Average volumes in or through Department per 24 hours of days of action	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient management / support	Non-Union/non striking Staffing Available	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on-duty, or on-call on-site or on-call off- site)	Agreed LPS
Children's Emergency Department CED	Starship Hospital Level 2	110-120	110-120	0800-0800hrs (24 hours)	5 SMO	0800-1830- NP x1 SHO x1 Reg x 1 1300-2330 SHO x2 Reg x 3 1600-0230 SHOx1 RFegx1 2330-0800 SHO x1 Reg x1 Rn 0700- 5 1200- 10 1500- 11 1900- 11 2300-07 5	Unknown	Crisis intervention for the preservation of life, therapeutic services without which life would be jeopardised, prevention of disability, urgent diagnostic procedures for children and infants up to 15 years presenting acutely to CED.	3x SMO on duty (weekend cover) 0800-1800 – 1 x SMO on duty 1200-2200 – 1 x SMO on duty 1600-0200 – 1 x SMO on duty 1 x On call off site SMO 0200-0800	
PICU full withdrawal of labour – 24 hours, May 1st 0001 to 2359										
Directorate Department / Service	Location	Average volumes in or through Department per 24 hours of days of action	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient management / Support	Non Union/non striking Staffing Available	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on- duty, or on-call on-site or on-call off-site)	Agreed LPS
PICU / Child Health	Level 2 Starship hospital	21	21 with potential to flex to 24+		3x SMO on duty and on call	RMO, NUM, Nurse Specialists etc.	Unknown	<ul style="list-style-type: none"> Crisis intervention for the preservation of life or prevention of disability Care required for therapeutic services for which life could be jeopardised or permanent disability occur Urgent diagnostic procedures required to obtain information on potentially life threatening conditions or permanent disability 	0001-0730 2x SMO on call off site 0730-1730 2x SMO on duty 1730-2359 2x SMO on call off site	

NICU full withdrawal of labour – 24 hours, May 1st 0001 to 2359**As per national protocol for critical care and HDUs										
Directorate Department / Service	Location	Average volumes in or through Department per 24 hours of days of action	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient management	Non Union/non striking Staffing Available	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on-duty, or on-call on-site or on-call off- site)	Agreed LPS
NICU	9 th Floor ACH	44	44 in NICU 15 in Postnatal wards		08:00 – 16:30 – 3 SMOs and 2 Fellows 16:00 – 08:30 - 1 SMO		Unknown	<ul style="list-style-type: none"> • Crisis intervention for the preservation of life & prevention of disability • Therapeutic services without which life would be jeopardised, • Urgent diagnostic procedures for neonates including fragile preterm infants. • Coordination of urgent transfers within the hospital and from outside centres • Covers level 3, level 2, parent infant nursery, postnatal wards and Whitinga Ora Pepi 	0001 – 08:00 1 SMO on call off site 08:00 – 16:30 2 SMOs on duty 16:30 – 2359 1 SMO on call off site	

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**Paediatric Cardiac and Congenital Services full withdrawal of labour – 24 hours, May 1st
0001 to 2359**

Directorate Department / Service	Location	Average volumes in or through Department per 24 hours of days of action	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient management	Non Union/non striking Staffing Available	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on- duty, or on-call on-site or on-call off-site)	Agreed LPS
Paediatric & Congenital Cardiac Service	Starship Hospital Ward 23B inclusive of Intensive Observation Area (IOA)	17	17	0800 – 1700	1 x SMO on-call 1 x SMO second on- call Fellows		Unknown	<p>National service</p> <p>These patients are on HFNO, inotropes, continuous cardiac monitoring</p> <p>60% are under 6 months of age</p> <p>Life preserving surgery required and complex post-operative recovery unable to be safely discharged or transferred to alternative care due to specialist care requirements such as close haemodynamic monitoring, cardiac pacing, close monitoring of cardiac function, inotropic support, post-transplant management, stringent fluid management, Medication administration and monitoring of effect, Chest drain management, ventricular Assist device care</p> <p>High risk single ventricle 1st stage surgical repair inpatients on the single ventricle management guideline.</p> <p>Unstable congenital or acquired cardiac disease, severely impaired cardiac function, Life threatening or severe impairment of cardiac function due to arrhythmias requiring close haemodynamic monitoring, medication management and close observation for signs of increasing cardiac failure and required intervention.</p>	<p>0001 – 0800 1x SMO on call offsite 1x SMO 2nd on call offsite 1x ACHD SMO on call off site (if no ACHD SMO on call)</p> <p>0800-1200 1x SMO on call on site (ward round) 1x SMO 2nd on call off site 1x ACHD SMO on call off site (if no ACHD SMO on call)</p> <p>1200 – 2359 1x SMO on call offsite 1x SMO 2nd on call offsite 1x ACHD SMO on call off site (if no ACHD SMO on call)</p> <p>0800-1630 1x Fellow oncall onsite</p>	

Paediatric & Congenital Cardiac Service	Cardiac Investigation Room(interv e ntional and diagnostic procedures)	2 – 3 patients would usually be scheduled for all-day cath list	Acute work only	0800 - 1630	Acute on-call list		Unknown	LPS request on a case by case basis	0001 - 2359 1 x SMO on-call off-site (same on-call person as above rather than additional)	
Paediatric & Congenital Cardiac Service	Starship theatres	Usually 1 patients would be scheduled for 1 all day paed lists			1 x SMO (surgeons)			LPS request on a case by case basis	0001 - 2359 1x SMO on-call off-site (surgeon) 1x Fellow on-call off-site 0800 – 1200 1x SMO on duty (ward round)	
Cardiac Clinic	23A	0			1 x SMO rostered for AM clinic; 2 SMOs rostered for PM clinic		Unknown	Clinics not considered LPS.	No LPS staff required	No LPS staff required



Surgical Services full withdrawal of labour – 24 hours, ay 1st 0001 to 2359

Directorate Department / Service	Location	Average volumes in or through Department per 24 hours of days of action	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient management	Non Union/non striking Staffing Available	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on- duty, or on-call on-site or on- call off-site)	Agreed LPS
Orthopaedics	Ward 24A Orthopaedics	25	25		X1 SMO on-call	RMOs/NS (RN with specialist orthopaedic knowledge and skills for assessing, managing and treating complex orthopaedic conditions. Traction, cast cares, detection of compartment syndrome after acute fractures)	Unknown	LPS is required to support RMOs and nurse specialist if required in emergency situations that maintain the preservation of life or prevention of disability.	<u>0001-0900</u> 1x SMO on-call off-site (Note: will also cover acute theatres) <u>0900 – 1200</u> 1 x SMO on-duty (ward round) <u>1200-2359</u> 1 x SMO on-call off- site	
General Surgery	Ward 24B Level 4 SSH	19	19		X1 SMO on-call	RMOs	Unknown	Required to support any LPS related activities such organ ischaemia, bleeding, sepsis, airway management etc.	<u>0001-0900</u> 1x SMO on-call off-site (Note: will also cover acute theatres) <u>0900 – 1200</u> 1 x SMO on-duty (ward round) <u>1200-2359</u> 1 x SMO on-call off- site	
ORL	Ward 24B Level 4 SSH	10	10		X1 SMO on-call	RMOs/NS	Unknown	LPS is required to support RMOs and nurse specialist if required in emergency situations such as organ ischaemia, bleeding, sepsis, airway management etc.	<u>0001-0900</u> 1 x SMO on-call off- site (Note: will also cover acute theatres) <u>0900 – 1700</u> 1 x SMO on-duty (ward rounds, acutes) <u>1700-2359</u> 1 x SMO on-call off- site	

Surgical Outpatient Clinics	Level 3 SSH	Various	Various		Various outpatient clinics running during this time.	NA	Unknown	Clinics not considered LPS. Early finish	No LPS Required	
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C. J. Sutton

Starship Blood and Cancer Centre (SBCC) full withdrawal of labour – 24 hours, May 1st 0001 to 2359										
Directorate Department / Service	Location	Average volumes in or through Department per 24 hours of days of action	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient management	Non Union/non striking Staffing Available	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on-duty, or on-call on- site or on-call off-site)	Agreed LPS
SBCC 27A	Starship hospital Ward 27A	30 (clinic)	TBC		5 SMOs (2 on call onsite, 3 clinics) across the 7 th floor	TBC	Unknown	Day stay and procedural unit, provides life-preserving procedures and time sensitive treatments for paediatric oncology and haematology.	<u>Across the floor</u> <u>0001-0800</u> 1 x SMO on-call off-site <u>0800-1700</u> 1x SMO on duty 1x SMO on-call on-site <u>1700-2359</u> 1 x SMO on-call off-site	
SBCC 27B inclusive of Bone Marrow Transplant Unit	Ward 27B 7 th Floor Starship hospital	19 (ward)	19			TBC	Unknown	Delivers life preserving chemotherapy and other interventions which if interfered with could have a detrimental impact on prognosis.		

**Medical Services full withdrawal of labour – 24 hours, May 1st 0001
to 2359**

Directorate Department / Service	Location	Average volumes in or through Department per 24 hours of days of action	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient management	Non Union/non striking Staffing Available	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on- duty, or on-call on-site or on-call off-site)	Agreed LPS
Child Health Medical Services 26A – Neurology Neurosurgery Endocrine	26A inclusive of Intensive Observation Area (IOA) +any outliers to other wards	16	16 inpatients + consult work (variable PICU/NICU/CED/Virtual)		Various SMOs rostered across clinical and non- clinical duties	NS, Reg, Fellows can provide some clinical oversight	Unknown	<ul style="list-style-type: none"> – Neurology SMO should be on site during usual working hours, off site after hours as they have significant complex acute patients that will require support for registrars. Level of patient complexity can not be managed by a registrar and there is no Neurology Fellow. – Minimum need on site for ward round (half day) as would be for a weekend. Then offsite after hours. – On call Neurology Consultant available for urgent calls off site after hours e.g. – Ward round advice completed by reg/NS – CED, PICU, NICU consults – Resus events – Patients admitted acutely – Critical national patient advice – On call off site Metabolic SMO available for urgent calls e.g. – Ward round advice completed by reg/NS – CED, PICU, NICU consults – Resus events – Patients admitted acutely – Critical national patient advice – On call off site Endocrinology SMO – Information awaited 	0001-0800 1x SMO on-call off-site Endocrine 1x SMO on-call off-site Metabolic 1x SMO on-call off-site Neurology 0800-1200 (to complete ward rounds – may be shorter depending on patient load) 1x SMO on duty Endocrine 1x SMO on duty Metabolic 1x SMO on duty Neurology 1200-2359 1x SMO on-call off-site Endocrine 1x SMO on-call off-site Metabolic 1x SMO on-call off-site Neurology No LPS required for Rehab or Dev Paeds.	



Medical Services 26B – Transplant (liver, kidney), Renal, Dialysis Gastro, Complex Respiratory, Infectious Diseases	26B + any outliers to other wards	22	22 inpatients + consult work (variable PICU/NICU/CED/Virtual)		Various SMOs rostered across clinical and non-clinical duties	NS, Reg, Fellow can provide some clinical oversight	Unknown	On-call consultant is available for urgent calls e.g. <ul style="list-style-type: none"> - Ward round completion - completed by reg/NS - CED, PICU, NICU consults - Acute theatre list e.g. GI bleeding, inhaled foreign body - Resus events - Patients admitted acutely for liver/kidney transplant - Critical national patient advice 	0001-0800 1x SMO on-call off-site Gastro 1x SMO on-call off-site Respiratory 1x SMO on-call off-site Renal 1x SMO on-call off-site Immunology 1x SMO on-call off-site ID 0800-1200 (to complete ward rounds – may be shorter depending on patient load) 1x SMO on duty Gastro 1x SMO on duty Respiratory 1x SMO on duty Renal 1x SMO on duty Immunology 1x SMO on duty ID 1200-2359 1x SMO on-call off-site Gastro 1x SMO on-call off-site Respiratory 1x SMO on-call off-site Renal 1x SMO on-call off-site Immunology 1x SMO on-call off-site ID No LPS required for Dermatology or Rheumatology.	
Medical Services 25 – general Paediatrics and Eating Disorder Services	25	35	35 – 40 inpatients		1 SMO on duty 0800-1700 1 SMO on duty 0800-1300 Overnight: 1 x SMO on call off site	1 x CN 10 - 12 RN 1 x NE 1 x CNS 4 HCA – PA 2 HCA – PA Oranga Tamariki	Unknown	LPS to manage acute patient load in the middle of winter – need based on predicated acute work only. These predicted patients are known to be overcome with winter illnesses and be medically complex. The volume has increased as predicted by historic capacity and demand acute medical winter overflow	0001-0800 1 x SMO on call off site 0800 - 1700 1 x SMO on duty 1700 - 2400 1 x SMO on call off site	

SSOR is included in Perioperative Service

**Community, Te Puaruruhau full withdrawal of labour – 24 hours, May 1st
0001 to 2359**

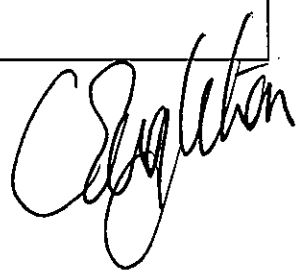
Directorate Department / Service	Location	Average volumes in or through Departme nt per 24 hours of days of action	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient management	Non Union/non striking Staffing Available	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on- duty, or on-call on-site or on-call off-site)	Agreed LPS
Child Health – Starship Community	GCC 5 localities within Auckland Region covered by service SMO is only 0.2 in service- planned care only. Mondays	N/A for SMO	N/A for SMO		1 part time SMO (works Mondays)	Nurse Practitioners	Unknown	No LPS required.	No LPS staff required	No LPS staff required
Child Health – Te Puaruruhau (Child Protection)	Puāwaitahi (99 Grafton Road) and inpatient consultations	1-2 visits daily	0		0800-1700: 3 SMOs on duty Overnight: 1 x SMO on call off site	Nurse Specialists Social Workers	1 RMO on shift (Short – advanced trainee).	Consult service working with cross- sector agencies. Life Preserving Service to children affected by maltreatment is provided by others at Starship. Nurse Specialist or Social Worker can respond to Child Protection requests.	No LPS staff required	No LPS staff required


LPS – Āhua Tohu Pōkangia Perioperative Services Directorate

* 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” i.e. 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, CATT attendance. The staff member completing that assessment will remain under LPS

Acute Pain Service and Anaesthesia Preadmission Clinics – No LPS requirement, PACU as per protocol of LPS for Critical Care Unit


24 Hours Total Withdrawal of Labour (1 st May 2025 0000 – 2359)										
Directorate Department / Service	Site	Average volumes in or through Department per 24 hours of days of action	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient management/ support	Non-union/non striking Staffing Available	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on-duty, or on-call on-site or on-call off-site)	Agreed LPS



Level 4 [CTSU and ORL] Operating Rooms	Auckland City Hospital	20 cases	1-2 TAVI 4-8 CTSU 2-4 ORL 1-2 Cardiology	0000- 2359	9	2 fellows 4-5 registrars all would need SMO back up	To be confirmed	- L4 LPS would include 1 acute CTSU theatre 1 acute ORL theatre 1 acute Cardiology theatre may also include P1 CTSU patients. Awaiting decision by CV directorate managers. - L4 LPS would exclude (but not limited to): elective theatre cases requests for invasive and peripheral venous access elective cardioversions elective patient reviews and clinics teaching & education clinical admin.	0000-0730 3 x SMO on call on site 0730- 1730 5 x SMO oncall onsite – 2xP1 CTSU patients, 1x P1 ORL, 2 x SMO coordinators for emergency assistance/cardiac cath lab oncall onsite 0000-0730 3 x SMO on call on site	
Level 8 [Adult and Emergency] Operating Rooms	Auckland City Hospital	55 cases Normal workload: 9 – 10 full day electives 3 acute OR's plus radiology	25 acute cases plus non- deferrable cases as determined by gatekeeper 2 acute stroke cases	0000- 2359	15	Most of our Fellows are likely ASMS members 8-10 RMO (GCC and ACH sites) who would need SMO backup	At least 1 non-union SMO available – not confirmed	Regional tertiary/ quaternary acute surgical service	0000-0730 1 x SMO 1 st call, 1 x SMO 2 nd call, 1x liver call SMO on call offsite 0730-1730 2 x SMO on duty – (acute OR management and acute radiology) 1 x SMO on duty - coordinator 3 x SMO on-call onsite - (backup for acute uplift and non-deferrable cases, one needs to be liver transplant) 1730-2359 1 x SMO 1 st call, 1 x SMO 2 nd call, 1x liver call SMO on call offsite 1 x fellow on site until 2200	
Level 9 [Women's Health] Operating Rooms	Auckland City Hospital	30 OR cases + 10 labour epidurals per 24 hours, acute pain rounds, preop assessment clinic	15 acute cases + 10 labour epidurals per 24 hours 0-2 MFM cases	0000- 2359	10	2 fellows-likely ASMS members – and 5 RMOs (all would need SMO supervision/backup as pre-vocationally registered)	1 non-union SMO available-not confirmed	1 SMO needed for RMO supervision/complexity as per usual out of hours on call work; 1 SMO needed as backup for first SMO in event of significant complexity or multiple maternity cases that require SMO supervised care 1 SMO for non-deferrable time sensitive acute MFM cases or oncology cases e.g. interval	0000-0800 2 x SMOs on call off-site 0800-1800 2 x SMOs on duty on site (for acute workload management & supervision) 1 x SMO on duty (if needed for time critical non- deferrable oncology or MFM cases as determined by	

								debulking timed with chemotherapy See granular plan for L9 below	gatekeeper – may be cancelled on day) 1800-2359 2 x SMOs on call off site	
Greenlane Surgical Unit (GSU) Operating Rooms	Auckland	Normal workload would be 60 cases all 8 rooms working full days	2-4	0000-2359	8	Most of our Fellows are likely ASMS members 8-10 RMO (GCC and ACH sites) who would need SMO backup	At least 1 non-union SMO available – not confirmed	Acute regional eye service including urgent corneal transplants	<u>0000-0730 no coverage</u> (routine) 0730-1730 1 x SMO oncall on site – (coord and acute theatre management, acutes eyes/oocyte retrieval) 1 SMO on-call on-site 1730-2000 1 SMO on call off site (for acute eyes)	

Starship Operating Rooms

Starship Operating Rooms SSOR 24 Hours Total Withdrawal of Labour (1 st May 2025 0000 – 2359)										
Directorate Department / Service	Location	Average volumes in or through Department per 24 hours of days of action	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient management	Non-Union/non striking Staffing Available – Nurses aids/assistants	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on-duty, or on-call on-site or on-call off-site)	Agreed LPS
Child Health Perioperative Services – Theatres	Level 2 Starship Hospital	60	10-15	0000-2359	11	1 fellow (likely ASMS member) 4-5 RMOs registrars all would need SMO back up	None	Minimal required for acute work within each subspecialty – reflects usual after hours staffing	See child health 0000-0800 3x SMO on call off site (general, liver, cardiac) 0800-1730 4x SMO on call on site Coordinator, General, Cardiac, Oncology 1730-0000 3x SMO on call off site (general, liver, cardiac)	

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CLB

12.5C

Civil defence or major emergency (13th Sept 1000 – 1200)										
Directorate Department / Service	Location	Average volumes in or through Department per 24 hours of days of action	Likely volume for 2 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient management	Non-Union/non striking Staffing Available – Nurses aids/assistants	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on-duty, or on-call on-site or on-call off-site)	Agreed LPS
Emergency response for Te toka tumai	Auckland City Hospital +/- Greenlane Clinical Centre	12.5C		0000- 2359				12.5C – Access to staff required should this situation arise and return to work be needed for civil defence or emergency response	12.5C – Access to staff required should this situation arise and return to work be needed for civil defence or emergency response	

L9 LPS would include:


- One acute theatre, staffed, and one team on a callback basis ie 1 SMO on site or available within 20 mins (1st call) and 1 SMO (2nd call) able to attend within 60 mins, doing work that would normally be carried out on a weekday evening, for example:
 - Cat 1, 2 or 3 maternity case
 - Acuity 1, 2 or 3 gynae acute cases (cat 3 reviewed for acuity before proceeding)
- New acute pain consultations with severe pain unable to be managed by RMO/nursing staff and Labour epidurals as SMO+RMO staffing allows (but response time may be delayed)
- RMO supervision by the 1st call SMO e.g. for PACU reviews etc etc
- Non-deferrable time sensitive acute MFM cases or oncology cases e.g. interval debulking timed with chemotherapy


L9 LPS would exclude (not limited to):


- Elective theatre cases, unless they have been pre-agreed on a case-by-case basis under the “deferral causes significant harm/difficult to reschedule in a reasonable timescale” clause.
- Routine acute pain reviews/ pain round from medical staff (with pain nurses able to escalate to the SMO on site if RMOs unable to help)
- Chronic pain referrals
- Clinics – preop and pain
- MDTs
- Teaching & education
- Clinical admin such as writing letters, dealing with referrals, ordering & reviewing investigations

LPS – Te Pūriri o Te Ora Regional Cancer and Blood Services Directorate

* 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” i.e. Situations where a union member is in the middle of completing assessment which cannot safely be stopped or completed by someone else for clinical reasons e.g., acute presentation, CATT attendance. The staff member completing that assessment will remain under LPS

24 Hours Total Withdrawal of Labour (May 1 st Thursday 00:01 – 23:59)										
Directorate Department/ Service	Site	Average volumes in or through Department per 24 hours of days of action	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient management/ support	Non- Union/n on striking Staffing Availabl e –	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on-duty, or on-call on- site or on-call off-site)	Agreed LPS
Te Pūriri o Te Ora Haematology Ward and acute management	Auckland City Hospital Motutapu ward	30 – 40 inpatients 5-10 acute presentations	30 – 40 inpatients 5-10 acute presentations	0001–2359	3 SMO rostered to Ward 1 SMO on call for Acutes	RMO (under supervision of SMO)	Not known – presuming none	Therapeutic care required to the acutely unwell and unstable and life threatening malignant curative haematological diseases. LPS for: <ul style="list-style-type: none"> At any time we can have between 8-15 acutely unwell Acute Leukaemia patients in the ward from across the northern region that are unable to be paused or deferred. 10-15 patients undergoing Stem Cell transplant that are unable to be paused or deferred and maybe potentially acutely unwell. Other patients receiving inpatient chemotherapy that are on continuous inpatient intense protocols and unable to be stopped for high grade lymphoma. These are all curative treatments and not able to be delayed. Delay transfers in from other regional DHBs as clinically safe to do so. 	0001-0800 1 x SMO On-Call Off- Site 0800-1700 2 x SMO on duty 1700-2359 1 x SMO On-Call Off-Site	
Te Pūriri o Te Ora Haematology Day Stay Unit	Auckland City Hospital	35-45 patients in day stay		0800-1700	1 SMO covers Haematology day-stay treatments, RMO clinic supervision and acutes presenting to day-stay from the region.	RMO (under supervision of SMO)	Not known – presuming none	SMO required to provide advice for the management of the complex acute haematological complications of treatment	0800 - 1700 1 x SMO on duty	

Te Pūriri o Te Ora Haematology Outpatient Clinics	Auckland City Hospital	35-70 patients		0800-1700	7 SMO	RMO (but under supervision of SMO)	Not known – presuming none	No SMO led clinic appointments will be scheduled for the period of the strike	No LPS required The SMO on duty for Haematology Day Stay Unit will also be the SMO escalation for reg clinics for life threatening decision only . Non-life-threatening decisions will require the patient to be rebooked into a subsequent clinic to meet an SMO	
Te Pūriri o Te Ora Thrombosis & Haemophilia	Auckland City Hospital	16 clinic patients		0800-1700	1 SMO 1 Fellow	RMO (but under supervision of SMO)	Not known – presuming none	No SMO led clinic appointments will be scheduled for the period of the strike	0800-1700 1 x SMO On-Call Off-Site	
Te Pūriri o Te Ora Medical Oncology Ward and acute management	Auckland City Hospital Ward 64	20-30 inpatients 10 – 20 acute presentation via Acute Oncology and AED		0001–2359	6 SMO	5 RMO 2 HO (under supervision of SMO)	Not known – presuming none	Therapeutic specialist care required for the management of acutely unwell, unstable and potentially life threatening oncological diseases.	0001-0800 1 x SMO On-Call Off-Site 0800-1600 2 x SMO on duty 1600 – 2359 1 x SMO On-Call Off-Site	
Te Pūriri o Te Ora Medical Oncology Day Stay Unit & Infusion Room	Auckland City Hospital	70 - 90 patients per day		0800-1700	1 SMO	2 RMO (under supervision of SMO)	Not known – presuming none	SMO required to provide advice for the management of the complex acute oncological complications of treatment	0800-1600 1 x SMO on call – offsite	
Te Pūriri o Te Ora	Auckland City Hospital	160 patients		0800-1700	22 SMO	6 RMO (under supervision of SMO)	Not known – presuming none	No SMO led clinic appointments will be scheduled for the period of the strike	No LPS required The 2 SMO on duty for Ward and Acute management will also cover the clinics for life threatening decision	

Medical Oncology Outpatient Clinics									only. Non-life-threatening decisions will require the patient to be rebooked into a subsequent clinic to meet an SMO	
Te Pūriri o Te Ora Auckland Clinical Trials Centre	Auckland City Hospital	8-10 clinic patients 2-7 treatment patients		1000-1200	2 Fellow 1-2 SMO	nil	Not known – presuming none	No SMO led clinic appointments will be scheduled for the period of the strike Patient treatment visits cannot be deferred as are protocol dependent in regard to time between treatment. Altering the treatment timing would result in a protocol breach and potentially impact the efficacy of the treatment for that patient. SMO required to provide advice for the management of the complex acute complications of treatment	<u>0001 - 0800</u> 1 x SMO On-Call Off-Site <u>0800-1600</u> 1 x SMO On-Call On-Site <u>1600 – 2359</u> 1 x SMO On-Call Off-Site	
Te Pūriri o Te Ora Radiation Oncology Ward and Acute Management	Auckland City Hospital	5-10 inpatients 5 – 10 acute presentations via Acute Oncology and AED		0001–2359	On call SMO	RMO x 1 (working under supervision of SMO)	Not known – presuming none	Therapeutic specialist care required for the management of acutely unwell, unstable and potentially life threatening oncological diseases. Medico-legal requirement for SMO to prescribe and approve final treatment plans for urgent radiation patients (category A).	<u>0001 - 0800</u> 1 x SMO On-Call Off-Site <u>0800-1600</u> 1 x SMO On-Call On-Site will also cover the clinics for life threatening decision only. Non-life-threatening decisions will require the patient to be rebooked into a subsequent clinic to meet an SMO <u>1600 – 2359</u> 1 x SMO On-Call Off-Site	
Te Pūriri o Te Ora Radiation Oncology (RT)	Auckland City Hospital	Approx. 250 patients per day for treatment		0730-2130	13 SMO	Rad Onc RMO (working under supervision of SMO)	Not known – presuming none	Management of acute patients and medico-legal requirement for SMO to prescribe and approve final treatment plans for urgent patients (category A).	<u>0800-1600</u> 1 x SMO On-Call On-Site	


Te Pūriri o Te Ora Radiation Oncology Outpatient Clinics	Auckland City Hospital Greenlane Clinical Centre	40 patients		0800-1700	5 SMO		Not known – presuming none	No SMO led clinic appointments will be scheduled for the period of the strike	0800-1600 1 x SMO On-Call On-Site for Ward and Acute cover will also cover the clinics for life threatening decision only. Non-life-threatening decisions will require the patient to be rebooked into a subsequent clinic to meet an SMO	
Te Pūriri o Te Ora Genetic Services	Auckland City Hospital	8 patients			2 SMO		Not known – presuming none	No SMO led clinic appointments will be scheduled for the period of the strike	No LPS required	
Te Pūriri o Te Ora New Zealand Familial GI Cancer Service	Auckland, Wellington, Christchurch	10 patients			2 SMO		Not known – presuming none	No SMO led clinic appointments will be scheduled for the period of the strike	No LPS required	

LPS – Surgical Services Directorate

- Acute services will continue through the strike period. These include emergency department, inpatient, ICU, theatre, day stay which is inherently LPS or on an unavoidable time course (e.g. chemotherapy, time-sensitive medical infusions)
- * 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” i.e. 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, CATT attendance. The staff member completing that assessment will remain under LPS

ASMS 24 Hours Total Withdrawal of Labour (1st May 0001-2359)										
Directorate Department / Service	Location	Average volumes in or through Department per 24 hours of days of action	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient management / support	Non-Union/non striking Staffing Available	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on-duty, or on-call on-site or on-call off-site within 30 mins)	Agreed LPS

C. Spalding

Surgical/ Neurosurgery	Auckland City Hospital Ward 83	33 - 15 HDU Beds in 2 x locations (5+10) & 18 Ward beds	33- 15 HDU Beds in 2 x locations (5+10) & 18 Ward beds 2-3 P1/CC time sensitive cases for theatre	0001 – 0800 0800 – 1600 1600-2359	5 x SMOs including (1 acutes)	6 x Registrars	Neurosurgeon SMOs non- union	All acute neurosurgical cases will continue to be accepted (80%) of capacity, requiring specialist observation and +/- surgery: neurotrauma, acute neurological deterioration, spinal compression, cerebral haemorrhage (ICH, SAH, SDH, EDH), cerebral lesion +/- seizure, hydrocephalus, infection. Will need to strongly consider a close working relationship and access to critical care on the day. P1/CC time sensitive cases for theatre	No LPS requested	
Surgical / ORLHNS	Auckland City Hospital Ward 74	27 patients	27 patients 1 P1/CC time sensitive case for theatre	0001 – 0800 0800 – 1600 1600 - 2359	2 x SMOs @ ACH (1 acutes) 4 x SMOs @ GCC (2 on leave)	3 x Fellows 4 x Registrars	Unknown - presumed none	All acute cases will continue to be accepted requiring specialist observation and +/- surgery: airway compromise (malignancy, stridor, epiglottitis, supraglottitis, severe tonsillitis, quinsy, retropharyngeal / parapharyngeal abscess & any other condition requiring airway surgery); haemorrhage (epistaxis, tonsils, tumour and tracheostomy stoma); severe ear infections. H&N free flap surgery +/- tracheostomy and laryngectomy patients, vestibular schwannoma, acoustic neuroma, time sensitive confirmed cancer.	0001 – 0800 1 x SMO on-call on-site 0800 – 1600 1 x SMO on-call on-site including covering P1/CC time sensitive cases meeting LPS requiring theatre, acute/post op ward round 1600 – 2359 1 x SMO on-call off-site	
Surgical /OMS	Auckland City Hospital Ward 74	Included above	Included above	0001 – 0800 & 0800 – 1600	1 x SMO @ GCC 1 x SMO pm @ MMH 1 x SMO @ MMH (acutes)	3 x RMOs	Unknown – presumed none	All acute cases will continue to be accepted requiring specialist observation and +/- surgery: airway compromise (spreading infection), haemorrhage, facial trauma. P1/CC time sensitive cases for theatre	0001 – 0800 1 x SMO on-call off-site 0800 – 1600 1 x SMO on-call on-site including covering P1/CC time sensitive cases meeting LPS requiring theatre, acute/post op ward round 1600 – 2359 1 x SMO on-call off-site	

Surgical / HSD	Auckland City Hospital Ward 74	Included above	Included above	0800-1800	5 x SMOs 5 x SMOs outpatient clinic	3 x RMOs	Unknown presumed none	N/A	No LPS required	
Surgical / General Surgery and ASU	ACH Wards 61, 76 & 78 GCC – HNBE Clinic	Elective – 8pts Acute – Up to 70 pts Up to 77 beds affected	ACH Acute – up to 70pts Elective – Inpts from Mon-Wed lists 1-2 P1/CC time sensitive case for theatre GSU Elective – Inpts from Mon-Wed lists	0001 – 0800hrs 0800 – 1800hrs 1800 - 0000hrs	ASU – 2 SMOs Theatre/Clinic/Ward Rounds – 8 SMOs	4 x Fellow 8 x Reg 2 x ND Reg 14 x HO 1 x HO GSU	SMO Non-Union ? Trauma/Liver Tx Fellows – Union status?	All acute cases will continue to be accepted requiring specialist observation and +/- surgery as required. Acute/post op ward rounds P1/CC time sensitive cases for theatre	0001 – 0800 2 x SMO on-call off-site 0800 – 1800 1 x ASU SMO on duty 1 x ASU SMO on-call onsite 1 x SMO surgeon on duty for P1/CC time sensitive cases for theatre and post op ward round 1800 – 0000 1 x SMO on-call off-site	
Surgical/ Orthopaedics	ACH Wards 75/77 Greenlane clinical centre Fracture clinic OP clinic	28/26 15-20 60	28/26 1 P1/CC time sensitive case for theatre	0:01-17:59 18:00-23:59 01:00-23:59 12:30-16:30	2 SMO acutes 3 SMO elective theatres As above 4 SMOs clinic	Senior RMOs RMOs Senior RMOs	Unknown presumed none	Acute care preventing loss of limb, paralysis and cauda equine P1/CC time sensitive cases for theatre Acute ward round	00:01-0700 1 x SMO acute off site on call 0700-18:00 1 x SMO on duty acute OR 1 x SMO on duty P1/CC time sensitive theatre case meeting LPS, acute/post op ward round 18:00-23:59 1 x SMO acute on call off site	
Surgical/ Urology	Regional acute service Lvl 8 Ward 73 Greenlane clinical centre	35-40 inpatients total incl outliers 10 acute admissions 6-8 elective 80 outpatients	35-40 inpatients total incl outliers 10 acute admissions 1-2 P1/CC time sensitive cases for theatre	00:01-23:59 00:01-23:59 08:00-16:30	1 SMO on call 3 SMO elective theatres 4 SMOs clinic	Senior RMOs RMOs Senior RMOs	Unknown presumed none	Acute surgery under LPS: – Testicular torsion – Obstructed urinary tracts with either sepsis, severe renal impairment or uncontrollable pain – Patients with bleeding from urinary tract who are unstable	00:01-23:59 1 x SMO rostered to cover regional acutes on call offsite 08:00-16:30 1 x SMO on duty acute/post op ward round, P1/CC time sensitive theatre case meeting LPS	




								P1/CC time sensitive cases for theatre		
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Ophthalmology

24 Hours Total Withdrawal of Labour (1 st May 0001 to 2359)										
Directorate Department / Service	Site	Average volumes in or through Department per 24 hours of days of action	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient management/ support	Non-Union/non striking Staffing Available –	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on- duty, or on-call on-site or on-call off-site)	Agreed LPS
Surgical/ Ophthalmology	Greenlane Surgical Unit	Ward bed 24 – Ophthalmology and elective surgery	Ward bed 24 – ophthalmology and elective surgery 1 x Corneal transplant LPS	0001-2359	4 SMOs at GSU/Totara Ward	RMOs, Fellows	Unknown – presumed none	On average six acute Ophthalmology patients per 24-hour period requiring therapeutic/surgical interventions without which permanent disability will occur to avoid vision loss P1/CC time sensitive theatre cases with threat to vision loss Corneal tissue transplant x 1 in theatre with time sensitive tissue available – large current backlog due to tissue availability. Out of town Maori patient.	0001-2359 2 x SMOs on call Offsite - One VR and One General on call Offsite 0800-1730 1 SMO on duty for planned Corneal Transplant as LPS including preop and post op care	
	Totara Ward/ Surgical suites GSU, Waitakere	Day stay – 20-30 patients EEC moves to Totara ward 18.30hrs (after hours)			1 SMO at Waitakere					

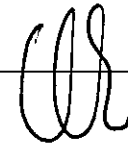
COE

Surgical/ Ophthalmology	Greenlane Clinical Centre Regional Emergenc y Eye Clinic	50-60 (as per average from recent admissions	50-60 Patients on average	0001-2359	1 SMO	RMOs, Fellows	Unknown – presumed none	On average six acute Ophthalmology patients per 24-hour period requiring therapeutic interventions without which permanent disability will occur and or surgery to avoid vision loss	<u>0800-1700</u> 1 x acute SMO on duty on site	
Surgical/ Ophthalmology	GCC and Waitakere outpatient clinic	360 patients	60 patien ts	0800-1700	11 SMO's	RMO's, Fellows	Unknown – presumed none	Medical Retina urgent outpatient with high risk of vision loss, due to significant backlog and high volumes of patients. Unable to defer to another day due to backlog volumes and clinics all at capacity as well as utilising weekends and evening. Following SMO review may require urgent injections to mitigate permanent vision loss.	<u>0800-1700</u> 2 x SMOs Medical Retina on duty outpatient's clinic	

Directorate Department / Service	Location	Average volumes in or through Department per 24 hours of days of action	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient management / support	Non- Union/non striking Staffing Available	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on- duty, or on-call on-site or on-call off- site)	Agreed LPS
Surgical, Intra - abdominal Transplant	Auckland City Hospital Ward 71	24 beds	24 beds	0000- 0700 0700- 1700 1700- 2359	1 x Hepatologist 1 x Renal Physician No planned elective lists for transplant on this day	RMOs	Unknown – presumed none	The following patients will continue to be accepted: renal and liver transplant, post- operative care renal and liver transplant, septic renal medical, renal transplant, liver transplant, hyperkalaemic renal medical patients. All acute cases will be accepted.	<u>0000-0700</u> 1 x Hepatologist on call off site 1 x Renal Physician on call off site <u>0700-1700</u> 1 x Hepatologist on call on site 1 x Renal Physician on call on site <u>1700-2359</u> 1 x Hepatologist on call off site 1 x Renal Physician on call off site	
Surgical, Liver Transplant	N/a	1	1	0000- 0700	2 x SMO Liver transplant on call off site (one paed, one adult)	RMOs	Unknown – presumed none In line with the National transfer and retrieval plan	Deceased donor transplant	<u>0000-0700</u> 2 x SMO on call off site (one paed, one adult) 1 x SMO donor surgeon on call off site	

				0700-1700	1 x SMO donor surgeon on call off site				0700-1700 2 x SMO on call on site (one paed, one adult)	
				1700-2359	2 SMOs Liver transplant for outpatient clinics				1 x SMO donor surgeon on call off site	
									1700- 2359 2 x SMO on call off site (one paed, one adult)	
									1 x SMO donor surgeon on call off site	
Surgical, Renal Transplant In line with the National transfer and retrieval plan	N/a	1	1	1000-1200	1 x SMO Renal transplant on call off site	RMOs	Unknown – presumed none	Deceased donor transplant	0000-0700 1 x SMO on call off site	
									0700-1700 1 x SMO on call on site	
									0700-1700 1 x SMO on call off site	
GCC outpatients	Greenlane Clinical Centre	Thursday 1st May – clinic patient volumes	Nil	0800-1800	Included in outpatient numbers above	RMOs	Unknown – presume none	Nil	Nil LPS required	
Surgical – Sarcoma	Ward 75/77 Ward 76 Greenlane Clinical Centre	4 inpatients 4 x SMO clinics approx 60 patients	Nil	0000-2359	4 SMOs 0800-1800 MDM and outpatient clinics	RMOs included in Orthopaedic and General Surgery numbers	One SMO non-union	Acute deterioration or theatre take back Ward round	0000-2359 1 x SMO on call off site 0800-1000 1 x SMO on duty ward round	

Mental Health Directorate

24 Hours Total Withdrawal of Labour (0001 hrs to 2359 Hrs May 2025)										
Directorate Department / Service	Site	Average volumes in or through Department per 24 hours	Likely volume for 24 hours for which LPS requests likely to be made	Shift	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient management/ Support	Non-Union/non striking Staffing Available –	Reason for LPS request – Contingency Plan and gap unable to be filled	LPS Requested by status (Should be listed as on- duty, or on-call on-site or on-call off-site)	Agreed LPS
Aronui Ora	Greenlane Clinical Services	25	15	0800 - 1630	2	6 Allied Health 4 Nursing staff	0	Urgent assessment or advice only	0800 – 1630 1 x SMO oncall offsite	
Asian Mental Health Services	Greenlane Clinical	N/A	N/A		N/A			N/A	Nil	

	Services									
Cornwall House • Urgent Response Service	Greenlane Clinical Services	30 outpatient 5-8 urgent assessments	20	0800-1630 0800-1630 Oncall 1630 to 2300	1 (4 hours) 2 (URS)	25 Allied and Nursing 5 Allied Health staff and Registered Nurses 1 Registrar	1 (4 hours) Locum SMO available 1 Locum SMO available for URS	Nil SMO oncall overnight for urgent assessment and to meet Legislative Requirements. (MH ACT)	Nil 1 x SMO on call offsite from 1630 to 0800 for the service	
Kari Centre	Greenlane Clinical Services	35 - 43	9	0800-1630	3 1 MOSS	32 Allied Health 6 Nursing staff	1 Registrar	Urgent assessment or advice only	0800-1630 1 x SMO oncall off site. (Regional oncall CAMHS roster 1630-0800)	
Lotofale	Greenlane Clinical Services	8 Outpatient clinic	2	0800-1630	1	Allied Health Nursing staff	1 Locum SMO available	Nil	Nil	
Awhi Mātua Community Team	Greenlane Clinical Services	N/A	N/A		N/A	1 x NP		Nil	Nil	
Service Coordination	Greenlane Clinical Services	N/A	N/A					N/A	Nil	
Tupu Ora Community and Day programme	Greenlane Clinical Services	28	15- 20	0800-1630	2 SMO 1 GP 1 SMO	8 Allied Health 5 Nursing staff	1 non union member SMO	Nil	0800 – 1630 1x SMO oncall offsite 1x SMO Regional oncall CAMHS roster 1630-0800	
Tū Māia (Regional Youth Forensic Service)	Greenlane Clinical Services			0800-1630	1 SMO	Allied Health Nursing staff	1 Nurse Practitioner	Urgent assessment only	0800-1630 1x SMO oncall offsite. (Regional oncall CAMHS roster 1630-0800)	
Te Whetu Tawera	Auckland City Hospital	58 acute inpatients	58 acute inpatients	0800-1630	5	Registrars. Advance treatment plans in place for all inpatients	1 Locum SMO (+ SMO TBC)	Only required if no non-union member available. SMO may be required to manage increasing patient acuity.	1 x SMO on call off site 16.30 to 08.00 0800-1630 1x SMO oncall on site.	
Haumarū Ōrite (Child and Family)	Auckland City	18 acute	18 acute	0800-1630	3	1x Registrar rostered on	tbc	Only required if no non-union member	1 x SMO on call off site 16.30 to 08.00	

Unit)	Hospital	inpatients	inpatients					<i>available</i> SMO may be required to manage increasing patient acuity.		
Haumaru Ōrite (Mother and Baby Unit)	Auckland City Hospital	3 acute inpatients	3 acute inpatients	As above	As above	As above		As above	As above for Haumaru Ōrite.	
Fraser McDonald Unit/ECT	Auckland City Hospital	15 acute inpatients	15 acute inpatients	0800-1730	2	Registrar		<i>Only required if no non-union member available</i> SMO may be required to manage increasing patient acuity.	1x SMO on call off site	
Liaison Psychiatry	Auckland City Hospital	10 per day	Variable	0800-1700	4	Registrar (junior only) Possibly NP	1 x SMO Locum	<i>Only required if no non-union member available</i> SMO may be required to manage increasing patient acuity.	Nil	
Regional Huntingtons Disease Service	Pt Chevalier Clinical Centre	N/A	N/A	0800-1630				Nil	Nil	
Assertive Community Outreach Service	Pt Chevalier Clinical Centre						Non- union Locum SMO available	Nil	Nil	
Buchanan Rehabilitation Centre	Pt Chevalier Clinical Centre	40 bed inpatient					Non- union Locum SMO available	Nil	Nil	
Manawanui Oranga Hinengaro	Pt Chevalier Clinical Centre	15	8	0800-1630	2	1 Registrar 10 to 12 Allied and Nursing staff	Unknown	Nil	Nil	
Manaaki House	15 Pleasant View Road, Panmure	30		0800-1630	3	1 Registrar 15 to 20 Nursing and Allied Health staff	unknown	Nil	Nil	
Kāinga Tiaki Centre	1A Wynyard Road, Mt Eden	30	15	0800-1630	5	1 registrar 40 to 45 Nursing and Allied Health staff	1 Locum SMO available	Nil	Nil	
Ihi Ora Centre	50 Grafton Road and Waiheke and Great Barrier Islands	40	15	0800-1630	6	1 registrar 40 to 45 Nursing and Allied Health Staff	1 Locum SMO available	Nil	Nil	

Segar House – Rau Aroha	126 Khyber Pass Road, Grafton	12	12	0800-1630	1	4 Allied Health staff	1 Non Union SMO	Nil	Nil	
Hāpai Ora	95 Great South Road, Epsom	12	8	0800-1630	1 SMO	6 Allied Health 6 Nursing staff	0	Urgent assessment or advice only	0800-1630 1x SMO oncall offsite. (Regional oncall CAMHS roster 1630-0800)	
Tupu Ora Eating Disorders Residential Unit	26 Glanville Terrace, Parnell	9	4	24/7	1 SMO 1 GP	3 Allied Health 2 Nursing staff per shift	0	Urgent assessment or advice only	0800 – 1630 1 x SMO oncall offsite	



