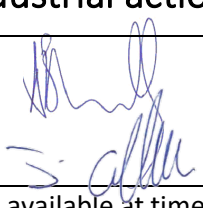


# Te Whatu Ora Counties Manukau - Life Preserving Service (LPS) Requirements based on high level plan evaluation for the 24-hour industrial action on the 1<sup>st</sup> May 2025 (00:00 – 23:59)

Approved By:



Andrew Connolly, Chief Medical Officer

Approved By:



John Cartwright, General Manager, ACACS

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

This table represents those ASMS members requested under the proposed nationally agreed principles in accordance with legislation. This table is predicated on having an adequate RMO cover (In line with usual rosters). Where this is not the case, liaison with the union will occur.

- Adjudicators will be Clinical Directors in conjunction with the Chief Medical Officer.
- For the period 0000-23:59 we base this request on “normal” night roster. For 0800-1200 hours we base this on staffing for post-acute Rounds as on a Public Holiday and for LPS responses for clinically urgent scenarios we base it on a weekday for 0800-1200 hrs. These must be separate SMOs due to the volume of work both face as it is on any Public Holiday morning. Our expectation is an SMO performing a post-acute round would join the strike action at conclusion of the Round. We strongly believe it is clinically unsafe to rely on RMOs to identify “LPS” new patients for cherry picking the post-acute round; this is clinically unsafe. Furthermore, it is materially unsafe to delay a post-acute round.
- For the avoidance of doubt, a post-acute round SMO would see only those patients not previously seen by an SMO of the relevant specialty earlier in their current admission. Patients already seen by an SMO would be referred to the acute LPS SMO if urgent clinical review by a specialist is required during the strike period.

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ARHOP	Gen Rehab	28 bed ward with approximately 1-2 admissions daily	Likely nil between 0000 and 0800.  Likely 1-2 admissions and 1-2 discharges between 0700-1600	2 SMOs 1 RMO 2 HOs	None	Unknown union membership	<b>0000- 0800 LPS</b> by Gen Med  <b>0800-1600:</b>  1 SMO off site on call  <b>1600- 2359 LPS</b> by Gen Med.	Ward 23 - any planned clinics will be cancelled / rescheduled.  Afterhours cover usually provided by Gen Med  <i>Note that 1 x Gen Rehab SMO 2<sup>nd</sup> on call for afterhours roster for Spinal service for same period</i>
	Stroke	19-20 patients in bed average occupancy.  Likely 6 admissions and 5 code strokes in 24/24 period.	Unpredictable due to nature of Code Stroke.  As per normal volumes.	5 SMOs  3 RMO  2 HOs	None	Unknown union membership	<b>0000-0800</b>  Gen Med to provide LPS cover  <b>0800-1600:</b>	<i>Out of hours (0000 – 0800 + 1600-2359) – Gen Med to provide LPS as per BAU with clot retrieval/thrombolysis decisions to be diverted to ACH as per standard out-of-hours response.</i>  First SMO 0800-1600 - provide cover for code stroke and acutely unwell patients

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							<p>1 x SMO on site for code stroke</p> <p><b>0800-1200:</b></p> <p>1 x SMO on site post –acute ward rounds</p> <p><b>1600-2359</b></p> <p>LPS provided by Gen Med</p>	<p>Second SMO 0800-1200 - provide post-acute ward round (PAWR)</p> <p>All planned care including TIA clinics to be cancelled.</p>
	<b>Spinal</b>	20 bed occupancy anticipated for date of action	1-2 admissions and discharges anticipated.	1 SMO	None	Union member	<p><b>0000-0800</b></p> <p>Covered by Spinal on call roster RMO 1st on call and 1 SMO (from Gen Rehab) 2nd on call.</p> <p><b>0800-1600</b></p> <p>1 SMO (on-call) for LPS</p> <p><b>1600-2359</b></p> <p>Covered by Spinal on call roster RMO 1st on call and 1 SMO (from Gen Rehab) 2nd on call.</p>	<p>Spinal - is a subacute service. Therefore, strike will impact on ward rounds, referrals management depending on case prioritisation on the day.</p> <p><i>On-call (0800-1600)- SMO availability if clinical circumstances exceed capability of resident staff. Availability within 30 minutes.</i></p>
	<b>Spinal Urology / Outpatient service</b>	Outpatient service	Full day Outreach planned (Tauranga location)	1 SMO	None	Union member	N/A – planned care	Planned care to be cancelled / postponed for day. Will likely result in forfeit of accommodation and additional cost in short notice flights to return night before from Outreach location (Tauranga).
	<b>Health of Older People</b>	<p><b>Ward 4:</b> occupancy expected of 26 beds.</p> <p><b>Ward 5:</b> occupancy</p>	Admissions variable depending on referrals and demand (daily admissions average 6+ across	6 SMO (2 per ward, 1 per ward team, 2 teams per ward)	None	Unknown union membership	<p>Wards 4, 5 and 24 are to be covered by standard roster of RMO/s and House officers.</p> <p><b>0000-0800:</b></p> <p>LPS by Gen Med</p>	<p>For HOP, planned clinics will be cancelled or rescheduled.</p> <p>All community services will shut for the period of the strike, no ward referrals and no EDGS service cover during the strike period.</p>

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		<p>expected of 26 beds,</p> <p><b>Ward 24:</b> occupancy expected of 20 beds.</p>	all wards in total), can plan around LPS timeframes				<p><b>0800-1200:</b> Ward 4 1x SMO PAWR* Ward 5 1x SMO PAWR Ward 24 1x SMO PAWR</p> <p><b>1200 – 1600:</b> 1 SMO for LPS to cover 3 wards (on call off site).</p> <p><b>1600 – 2200:</b> 1 SMO for LPS to cover 3 wards (on call off site).</p> <p><b>2200 – 2359:</b> Covered by Gen Med.</p>	* post-acute ward round (PAWR)

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Acute Critical and Central Services	Emergency Department, Middlemore Hospital	~360 – 400 ED Presentations	25-40 TC 1 & 2	<b>Night shift</b> (12am – 8am) 1 x SMO/MOSS on site on duty  <b>Day Shift</b> 8am – 12noon 5 x SMO SMO cover 24/7  <b>Afternoon shift</b> includes 12am up to 2am 4 x SMOs, 1 x MOSS on-site & on-duty	<b>Night Shift</b> Registrar 2 HO 2  <b>Day Shift</b> Registrar 4 HO's 3	RMOs Nurse Practitioners, CNS and RN roles across the ED	<b>Night shift:</b> 1 x SMO/MOSS Night shift on site and on duty Midnight - 0800, 1x SMO on call from 2am – 0800hrs  <b>Day shift:</b> 5 SMOs on site and on duty.  Nil escalation trigger for the number of SMO's onsite and on duty during this time  <b>Afternoon Shift</b> (Midnight – 2am) 5 x SMOs	Provision of acute emergency care.	Due to the demand and acuity of the Emergency Department a minimum of 5 SMOs must be on duty and on site to support Life Preserving Services. The ED is also currently significantly short of RMOs and thus we are not able to roster all RMO positions putting further strain on medical resources to meet LPS requirements.
	<ul style="list-style-type: none"> <li>Average Occupancy in ED over 24 hours in 2024: 118% (170 patients across a department with 144 beds, adults and paedts).</li> <li>10% of all ED presentations to Middlemore are Triage Category 1 or 2.</li> </ul>			<ul style="list-style-type: none"> <li>The ED has 6 resus rooms, 10 monitored spaces and 25 Adult Assessment, 3 paedts monitored, 9 paedts assessment beds. In addition to waiting room patients in paedts and adults that can have undifferentiated clinical risk with patients waiting to be seen.</li> </ul>					
	<b>Critical Care Complex</b>  SMO led service ICU/HDU/PAR  radiology intervention	Resourced for 14 beds daily in the unit including providing support for referral services including: interventional radiology, deteriorating patient & medical emergencies for inpatients through hospital	~12-14 inpatients	0800-0830  0800-1200	1 ICU SMO 1 ICU SMO handover from night before	No one Fellows, Moss, RMO are supervised by Intensivists	00:00 – 23:59 1 on site on duty	Patients in Critical Care are receiving either life support via ventilation and or life preserving services to patients that cannot be managed on the wards. Patients requiring ventilation, NIV, complex infusions, interventions, responding to paediatric, medical emergencies, referrals of deteriorating patients and patient escorts requiring ventilation support	
				0800-1800	1 HDU SMO	No one Fellows, Moss, RMO are supervised by Intensivists	08:00 – 18:00 1 on site on duty		
				0800-1800	1 SMO Referrals	No one Fellows, Moss, RMO are supervised by Intensivists NP maintain their own workload	08:00 – 18:00 1 on site on duty		

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Central Clinical Services	Pathology								All services: On-call - SMO availability if clinical circumstances exceed capability of resident staff. Availability within 30 minutes.
	Anatomical Pathology			0800-1200				No LPS	Acute on call – in case of requirement during surgery and unsuspected malignancy Acute Frozen Section only
	Microbiology			0800-1200				1 SMO off site on call	Acute on call Where senior scientist required time-critical clinical liaison, e.g., intracellular bacteria on blood film; abnormal CSF
	Biochemistry			0001-1200				1 SMO off site on call	In event of major issue with Lab equipment
	Haematology	See Medicine: Haematology							
	Radiology								
	ED CT/ General CT	80	10	0001 – 0800 1700 - 2400 0800-1700	1 SMO on call 30 SMOs	1 RMO  12 RMOs 1 RMO	Usual daytime allocation of RMO/MRT/ PCA / Nursing staff present.	0001 – 0800 & 1700-2400 1 Diagnostic SMO off site on call 0800 – 1700 2 Diagnostic SMOs on duty onsite	To attend any Urgent/Acute calls
	MRI	28	1	1000 – 1400	2 SMO	NIL	Usual daytime allocation of MRT/ PCA / Nursing staff present		To undertake any Urgent/Acute SMO-supervised scans in ED CT and MRI.
	Ultrasound MMH	60	5	1000 – 1400	2 SMO	1 RMO	Usual daytime allocation of RMO/sonographers/ PCA / Nursing staff present. Senior RMO will be available for US reporting		
	Interventional Screening Rooms		2	0001 – 0800 1700 - 2400	1 SMO on call	NIL	Usual daytime allocation of MRT/ PCA / Nursing staff present	1 Interventional SMO off site on call 24hrs	Interventional Radiology to operate as per weekend schedule. 1 SMO available offsite 24 hours to attend any urgent calls or acute cases such as nephrostomy, trauma/bleeding and angio cases.
	Interventional CT		1	0800 – 1700	2 SMOs				
Cancer Screening Services	Breast Screen & Assessment Clinics	No LPS required							Clinics to be cancelled

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Community	Hospital in the Home	Patients in virtual ward	Averaging around 50 patients per day	1 SMO	1 Nurse Practitioner		Escalation support to be provided by Gen Med On-call SMO  NP will provide escalation cover during strike period	Hospital in the home supports acute flow from the hospital and hospital avoidance. These patients are acutely unwell requiring hospital level care and monitoring. At high risk of deterioration and poor outcomes if needs not met.
	CHS North and South	Patients open to the community team 36,612	2 Home Visits  Review 6 community patients MDT	1 SMO	1 Nurse Practitioner		Nil request	
	Community wards			0.2 SMO for week	1x GP  1x Nurse practitioner		Nil request Managed by NP Community wards will escalate to the GP  Nil requested	
	Transitional Care (ACC NARP)	Patients in virtual ward physically located in ARC facilities	15	0.2 FTE (works Thursday) SMO	REACH team (PT/OT)			

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Kidz First	Inpatients	Average of 35 <b>medical inpatients</b> patients in 24 hours	We are likely to have at least 35 Medical inpatients during this period	2 SMOs 2 RMOS 2 HOs	Ward compliment of RNs, HCAs, RMOS and HOs	1 MOSS rostered for ward cover 0800-1630	0001-0800  1 SMO on-call  0800-1630  2 SMOs on site  1630-0001  1 SMO on-call	2 represents normal Sunday daytime and also recognises vacancies lack of seniority of our RMOs
	Paediatric ED	ED patient volumes are around 90 per 24 hours	We are likely to have 20 plus patients in ED during this period	1 SMO 1 RMO 1 HO	Compliment of RNs, HCAs, RMOS and HOs	TBD	0001-0800  1 Paediatric SMO on-call  0800-1630  1 Paediatric SMO on site  1630-0001  1 SMO on-call	1 SMO for NICU and 1 SMO for SCBU/PNW during day. 1 SMO on-call as per normal roster on night shift
	Neonatal	40-48 patients		08.00-1630 2 SMO's  1630-0800 1 SMO on call	5 RMO's/ NPs on roster and available day shift 0800-1630  1 RMO and 1 NP on roster Night shift	TBD	0001-0800  1 SMO on-call  0800-1630  2 SMOs on site  1630-0001  1 SMO on-call	

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<b>Medicine (All services)</b>	Reduce clinic times Reduce endoscopy list times		0800 - 1200	RMO to take GP referrals.		One each per SMO on call for General Medicine and all medical specialities (5 in all - must be able to come in for acute procedure or critically unwell patient with immediately life-threatening disease)	Where an acute procedure is underway at the commencement of the strike, we would ask that the SMOs performing the procedure remain as LPS.
	Cancel SMO clinics and procedures		0001-0800 0800-1200		Gastro	1 SMO On-call (0800-1600) 1 SMO On-call 1600-0800	
	Cancel clinics and procedures		0001-0800 0800-1600  1600-0001		Renal	1 SMO On-call (0000 – 2359)	
	245 patients Clinics cancelled	60-70 patients	0000-2359  0800-1600  0800- 1600		General Medicine	1 SMO on call (00:01-23:59) for admission support 6 SMO PAWR inpatient ward 1 SMO MAU (0800-1600) covering acute presentations	Acute on call especially for clinical advice and approval of treatment of coagulation disturbance
	Cancel Clinics and procedures 7 inpatient beds	8 inpatients	0001-0800  0800-2400		Haematology	1 SMO On call 0001 – 0800  1 SMO 0800-1630 1 SMO on call 1630-2400	
	Cancel clinics and procedures (including registrar and NP clinics)	~80 patients from clinics  2-4 patient slots for TOE  20-25 patients in the Cath Lab  ~50 referrals/advice daily	<b>0001-0800:</b> TBC <b>0800-1800:</b> 1 SMO (CCU) 1 SMO (Ward 2 SMO) 1 SMO Cath Lab 1 (0800-1600) 1 SMO Cath Lab 2 (0800 – 1600) 1 SMO referrals 1 SMO CT scans 1 SMO TOE and TTE r1 SMO reporting: AM R1 SM reporting -PM 1 SMO Clinic-AM	RMO to take GP calls Cardiac Sonographers to continue with ECHOs and provisional reports. Escalation can occur as required for LPS	Cardiology	1 SMO PAWR Ward 2 1 SMO PAWR CCU 1 Catheter Lab SMO on duty (LPS provision Catheter Lab) (0800 – 1600) 1 SMO on call from home for TOE procedures (also LPS for echo reading) (0800 – 1600) 1 SMO on call overnight 0001 – 0800 & 1600 – 2359	



		~60-70 ECHOs daily	3 SMOs Clinic-PM <b>1800-0001</b> : 1 SMO (Cardiology Call overnight)				
	Cancel SMO clinics and procedures		0001-0800 0800-1200	RMO take GP referrals and discuss with SMO on call as needed.	Respiratory	1 SMO On-call (0001-2359)	
	Cancel clinics and procedures		0001-1200		Infectious Diseases	<ul style="list-style-type: none"> <li>• 0001-0800hrs, SMO on call after -hours</li> <li>• 0800-1600hrs, SMO available for SMO level calls, primarily via ID registrars</li> <li>• 1600-0001hrs, 1 SMO available on-call after hours</li> </ul>	
	Cancel SMO and RMO supervised Clinics		0800-1600		Dermatology	Nil LPS	
	Cancel SMO and RMO supervised Clinics		0800-1600		Diabetes	Nil LPS	
	Cancel SMO Clinics		0800-1600	RMO Clinic Continues—supervised by review the day before. Further SMO review the following day.	Endocrinology	Nil LPS	
	Cancel SMO and RMO supervised Clinics		0800-1600		Rheumatology	Nil LPS	
	Cancel SMO Clinics		0800-1600		Te Mana Ki Tua	Nil LPS	

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Mental Health	Integrated North Community Mon-Fri service 8-5pm (2 teams – Matariki at Otahuhu & Te Rawhiti at Highland Park)	Cancel clinics and routine appointments that require SMO input	Unpredictable – likely to be 1-4 per team	8 SMOs 2 RMOs	Nursing, NP and AH staff	Matariki: 1 SMO, 1 MOSS, MOSS locum, 1 RMO, Nursing, AH staff  Te Rawhiti: 1 MOSS and 1NP Nursing, AH staff		
	Integrated South Community Mon-Fri service 8-5pm (3 teams – Manukau, Papakura & Pukekohe)	Cancel clinics and routine appointments that require SMO input	Unpredictable – likely to be 1-4 per team	9 SMO, 1 RMO (inc Locum)	Nursing, NP and AH staff	Manukau: 1xNP, Nursing, and AH staff  Ngaa Raukohekohe. (Pukekohe) 1xNP and 1 SMO, Nursing, and AH staff  Rapua te Ao Waiora (Papakura) 1x SMO (Locum), 1 NP, nursing and AH staff	0830 – 1700 1 SMO on-call off site, within 30 minutes to respond to Manukau Adult community, ICT and RDDS team.	On-call off site - SMO availability if clinical circumstances exceed capability of staff/ NP. Also need to undertake Mental Health Act processes. (sections which only consultant can do). Availability within 30 minutes.
	ICT	Cancel clinics and routine appointments that require SMO input	2-5	3 SMOs	Nursing and AH staff	Nursing and AH staff		
	RDDS Mon-Fri service, 8am - 5pm	Cancel clinics and routine appointments that require SMO input	2	1 SMO, 1 RMO	Nursing and AH staff	1x RMO, Nursing and AH Staff		
	CAMHS North Mon-Fri service 8-5pm	Cancel clinics and routine appointments that require SMO input	Unpredictable – likely to be 2 -6	1.2 SMO, 1 RMO	RMO, Nursing and AH staff	1xRMO on-site and NP and Nursing and AH staff	1 SMO on-call off site within 30 minutes	On-call - SMO availability if clinical circumstances exceed capability of staff Also need to undertake Mental Health Act processes. (sections which only consultant can do). Availability within 30 minutes to either site
	CAMHS South Mon-Fri service 8-5pm	Cancel clinics and routine appointments that require SMO input	Unpredictable – likely to be 3 -8	2.5 SMO, 1 RMO	RMO, Nursing and AH staff	1xRMO, 1xSMO locum, Nursing and AH staff		

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	CAMHS Mauri Oho Intake & Acute Mon-Fri Service 8-5pm (East Tamaki)	Prioritise acute response and urgent referrals	Unpredictable – likely to be 3 -8	1 SMO	Nursing and AH staff	1 SMO		
	Maternal & Infant MH Mon-Fri service 8-5pm	Cancel clinics and routine appointments that require SMO input	2-3	2 SMOs, 1 HO, (locum SMO)	Nursing and AH staff	Nursing and Psychology and AH staff	1 SMO on-call off site within 30 minutes	On-call off site - SMO availability if clinical circumstances exceed capability of staff. Response to Mental Health Act processes. Availability within 30 minutes.
	EPIT Mon-Fri service 8-5pm  Youth Forensics (Mon-Fri service 8-5pm)	Cancel clinics and routine appointments that require SMO input	3	1 SMO, 1 RMO, 1NP	Nursing, NP and AH staff	1 RMO, Nursing and AH staff		SMO on-call at large community team to cope with work volumes following long weekend and acute presentations at ED/ in community
	MHSOP IPU	14 beds	Unpredictable – likely to be 3 - 8	2 SMO, 1 RMO, 1 HO	Nursing and AH staff	1 locum SMO Nursing and AH staff		
	MHSOP Community (2 teams covering Counties Catchment area) Mon-Fri service 8-5pm	Cancel clinics and routine appointments that require SMO input	2 -3	3 SMO, RMO, 1 HO	Nursing and AH staff	1 SMO cover, RMO, Nursing and AH staff		

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	ED Intake 8am – 5pm (after hrs covered below under MH Intake)	Varies – 2-10 patients	2	1 SMO	3 RN/ AH, NP	1NP, 3 RNs, AOD Support Worker	1 SMO on call on site within 30 min	Crisis Ax and management of acute psychiatric presentations to ED. Need to complete Mental Health Act processes. Also need to respond to impact from Police Programme of Change impacting presentations to ED.
	MH Intake covering Counties Catchment area	Prioritise acute response & urgent referrals	5	2 locum SMOs. One working 8 hr shift, one working 10hr shift.	5 RN/ AH	2xlocum SMOs covering MH. Unknown union membership for 1 NZ locum. AHs & RNs.	On call off site within 30min 8am - 5pm	Crisis Ax and management of acute psychiatric presentations to police and community On-call off site - SMO availability if clinical circumstances exceed capability of clinical staff/ RMO. Need to complete Mental Health Act processes. Availability within 30 minutes.
	After Hours period (cover for entire MH&A services)	3-4 (for 0001 – 0830 hrs)  5-8 (from 1700 – 2359)	3-4 (for 0001 – 0830 hrs)	0001 – 0830 On call SMO and RMO on duty  1700 – 2200 On Duty SMO I&AA  1700 – 2359 On Call SMO and 2 x RMO on duty	MH&A Nursing and AH staff working in ED  RMO, Nursing and AH staff	Union membership unknown  Union membership unknown  Union membership unknown	0001 – 0830: 1 SMO on call off site, within 30 mins and in addition access to Regional CAMHS SMO on call off site within 30 mins  1700 – 2200: 1 SMO on site on call	As per usual cover required for MH&A services after hrs.  On site, on-call - SMO availability if clinical circumstances exceed capability of clinical staff/ RMO. Due to complexity of acute presentations require easy access to SMO. Need to complete Mental Health Act processes. This is to cover I&A and whole of service.

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							<p>2200 – 2359: 1 SMO on call off site, within 30 min</p> <p>** 1700 – 2359 access to Regional CAMHS SMO on call off site within 30 min</p>	<p>As per usual cover required for MH&amp;A services after hrs.</p> <p>Auckland should be requesting this??</p>
	HBT N	Prioritise acute response and acute referrals	5	1 SMO	4 RN/ AH	1 SMO with 4 RNs	1 SMO on-call off site within 30 minutes for Acute presentations	Acute treatment of acutely unwell psychiatric patients
	HBT S	Prioritise acute response and acute referrals	5	1 SMO (Coni on AL 01.05.25)	4 RN/AH	4 RNs		Acute treatment of acutely unwell psychiatric patients
	Tamaki Oranga	20 patients (may expect 1-2 acute medical assessments required)	20 patients	nil	Nursing and AH staff	Nursing staff & AH staff		Acute inpatient care
	Tiaho Mai N	26 patients	26 patients	2 SMOs, 1 RMO, 2 HOs	Nursing and AH staff	1 Locum SMO covering both teams, MOSS possibly available. RMO and 2 x HO, Nursing staff & AH staff		
	Tiaho Mai S	26 patients	26 patients	3 SMOs, 2 HOs	Nursing and AH staff	1 locum SMO available MOSS x 2 possibly available HO Nursing staff & AH staff		

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 – RNs, HCAs	LPS Requested by status (Should be listed as on duty, or on call on site or on call off site)	Reason for LPS request – Contingency Plan and gap unable to be filled. Tasks to be covered
SAPS	Anaesthesia and Pain Medicine			Midnights to 0730	11 SMO (8 +1, Anaes Sup, Pain)	RMOs and fellows		6 SMO on-site MMH plus 1 on call on-site MSC Plus 1 on-call at MMH off-site. Plus 1 for AM acute pain round on-site MMH Plus 1 SMO for half day elective C-section list on-site MMH	Acute Theatre x 4 PLUS Acute obstetric theatre X1 Supervising SMO Acute pain round AM – 1 SMO for 1 session. Half day urgent elective C-section list – 1 SMO for 1 session 2nd on-call cover as per weekend - 1 SMO for the 24 hrs. Currently only covered 5pm-8am on weekdays  1 on-call for MSC PCU – emergency response support for rostered RMO  <i>* If scope of emergency work is within remit of non-ASMS fellows, SMOs will be released.</i>
	General Surgery		2-4	Midnight to 0730	SMO, Set Reg, Jun Reg	Set Reg, Jun Reg		1 SMO off site on call for 0001 - 0800  2 SMO post-acute rounds 0730 - 1230  1 SMO 0800 – 1700 off site on call  1 SMO 1700 – 2359 off site on call	As due to volume of acute patients we always have 2 SMOs on the 24hrs preceding the strike and same 2 SMOs do post acute round
	Orthopaedic Surgery		2-4	Midnights to 0730	2 SMO on call 7 SMO on site	Set Reg, Jun Reg		1 SMO off site on call from 0001 to 24:00 (general) on call  1 SMO on duty 0730 - 1230 (Post acute round) - separate to above  1 SMO (spine) on call 24 hrs	1 is spine, 1 is general orthopaedics. This is the minimum rostering (24/7 cover for both)

<b>Plastic Surgery</b>	5	2	Midnight – 0730  0730 to Midnight	1x SMO, Set Reg, Jun Reg on acutes  6 x SMO on other elective duties	Set Reg, Jun Reg	SET Reg	1 SMO on call 24:00 1 SMO on duty 07:30 to 12:00 PAWR	Acute Cover, required to cover on the day LPS clinical treatment 1 SMO for Hands, 1 x SMO for Burns, 1 x SMO for Plastic surgery
<b>Hand Surgery</b>	10	2	Midnight – 0730  0730 to Midnight	1 x SMO, Set Reg, Jun Reg Hand fellow on duty only 07:00 to 17:00 3 x SMO on other elective activity	Set REG, Jun Reg	SET Reg	1 SMO on for 24 hours  1 SMO Duty 07:30 to 12:00 PAWR a	
<b>Burn Surgery</b>	Very variable	1	Midnight – 0730  0730 to Midnight	SMO, 1 x SET, 1 x non set  2 x SMO on other elective activity	Set Reg, Jun Reg	SET Reg	1 SMO on call 1 SMO on duty 07:30 to 12:00 PAWR	
<b>ORL</b>	3 per day	3	07:30-17:30	SMO x1 (?)	Fellow, Registrar	SMO x1 (?)	0	A/w clarification by SMO, have reached out. Registrar will run acute clinics. Escalation will either be our SMO or Auckland during normal ours and Auckland SMO afterhours
<b>Vascular</b>			Midnight – 0730 0730 to Midnight	1 x SMO			1 SMO on 24 hrs call (same SMO on duty 07:30 to 12:00 for PAWR)	Acute Cover, required to cover on the day LPS clinical treatment
<b>Urology</b>	n/a	n/a	n/a				n/a	No LPS Required Acutes go to Auckland
<b>Ophthalmology</b>	40	40	Afternoon 12-5pm	SMO x1		SMO x1	1 SMO on duty on-site	LPS required for Avastin injection, only afternoon cover so will move morning injection to all afternoons (usually 20 pts per half day session)  This request aligns with approval given for nursing support during NZNO strikes, recognising the risk of permanent disability.

*On-call - SMO availability if clinical circumstances exceed capability of resident staff. Availability within 30 minutes.*

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Women's Health	Obstetrics	24 Deliveries  25 – 40 acute obstetric assessments	8	<u>0001 – 0800</u>  1 SMO on site LPS (shared between Ob's and Gynae)  Plus 1 SMO 2 <sup>nd</sup> on call off site  <u>0800 – 1700</u>  4 SMO's  <u>1700 – 2200</u>  1 SMO on site LPS (shared between Ob's and Gynae)  Plus 1 SMO 2 <sup>nd</sup> on call off site  <u>2200 – 2359</u>  1 SMO on site LPS (shared between Ob's and Gynae)  Plus 1 SMO 2 <sup>nd</sup> on call off site	Nil RMO team unable to assume SMO responsibilities Midwifery team can support RMO team	Midwifery team Nursing team HCA team RMO team	<u>0001 – 0800</u> 1 SMO on site LPS (shared between Ob's and Gynae) Plus 1 SMO 2 <sup>nd</sup> on call off site  <u>0800 – 2200</u> 1 obstetrician on site LPS (B&A) <u>0800 – 1200</u> 1 SMO on site arranged high risk caesarean section  <u>2200 - 2359</u> 1 SMO on call (shared between Obs & Gynae) Plus 1 SMO 2 <sup>nd</sup> on call off site	Managing Obstetric emergencies on B&A including category 1 LSCS, LPS for maternity wards.  Plus 1 on duty SMO to complete arranged high risk caesarean section list (time/gestation dependent and clinically indicated)



	Gynaecology	8 – 10 acute admissions	4	<p><u>0001 – 0800</u></p> <p>1 SMO on site LPS (shared between Ob's and Gynae)</p> <p>Plus 1 SMO 2<sup>nd</sup> on call off site</p> <p><u>0800:1700</u></p> <p>1 SMO (Acute Gynae)</p> <p>1 SMO Gynae PAR</p> <p><u>1700 – 2200</u></p> <p>1 SMO on site LPS (shared between Ob's and Gynae)</p> <p>Plus 1 SMO 2<sup>nd</sup> on call off site</p> <p><u>2200 – 2359</u></p> <p>1 SMO on site LPS (shared between Ob's and Gynae)</p> <p>Plus 1 SMO 2<sup>nd</sup> on call off site</p>	<p>Nil</p> <p>RMO team unable to assume SMO responsibilities</p> <p>Nursing team can support RMO team</p>	<p>Nursing team</p> <p>HCA team</p> <p>RMO team</p>	<p><u>0001 – 0800</u></p> <p>1 SMO on site LPS (shared between Ob's and Gynae)</p> <p>Plus 1 SMO 2<sup>nd</sup> on call off site</p> <p><u>0800 – 2200</u></p> <p>1 SMO on site LPS (Gynae)</p> <p><u>0800 – 1200</u></p> <p>1 SMO on site Gynae PAWR</p> <p><u>2200 – 2359</u></p> <p>1 SMO on call (shared between Obs &amp; Gynae)</p> <p>Plus 1 SMO 2<sup>nd</sup> on call off site</p>	<p>Managing acute gynaecology patients through ED/ requiring urgent gynae surgery e.g., a ruptured ectopic pregnancy</p> <p>Plus 1 on duty SMO to complete post-acute ward round.</p>
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<b>Emergency Response</b> (12.5c)	NA		NA	All	Reduced staffing	Utilise emergency response cascade.  Liaise with ASMS as required.	Emergency Response