


**APPENDIX 2.**

LPS Requirements 12.5a, 12.5b and 12.5c –

**Master sheet: staffing available at time of strike and LPS requirements 00:01-23:59hrs 1 May 2025:**

South Canterbury District						Request Confirmed: Name: Rachel Mills – Acting Group Director of Operations Contact: <a href="mailto:rmills@scdhb.health.nz">rmills@scdhb.health.nz</a> 027 480 1254 Date: 15/04/2025 Signature: R M Mills 	
Department / Service	Normal volumes in or through Department per 24 hours for which LPS being made	Likely volumes for 24 hours for which LPS requests likely to be made	Medical staff on core roster for strike day as at date notice issued	Other clinical staff who will be available on strike day who are appropriately trained to undertake some patient management/support	Non-Union/non striking/redeployed medical staffing available on strike day – SMOs, RMOs	LPS Requested (Should be listed as on duty, or on call on site or on call off site)	Reason for LPS request – Contingency Plan and gap unable to be filled. Tasks to be covered
			Shift				
All of Hospital	124 inpatient beds + ED + acute theatre		0001-0800 all areas	<b>0001-0800 2 x RMOs on shift for cover the entire hospital and ED</b> <b>1 x PAR (Patient at risk) Nurse on site on duty 24 hours</b> <b>Nil SMO on site.</b> <b>Nil registrar on site</b>  <i>(total of 125 inpatient beds &amp; 14 ED bed spaces)</i>			Request normal handover process between 0730 – 0900 to 1. avoid unintentional harm to patients and, 2. allow for appropriate patient disposition thereby reducing additional back log of patients in the ED  <u>Current Process</u> = Handover starts at 0730 for the 2 night RMOs to handover patients to the inpatient SMOs face to face or tele

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								After this time, the RMOs return to the ED and handover (F2F) with the oncoming ED SMO all patients not admitted (including discharged out) This safety net is in place to ensure the RMO can feel confident all decisions are appropriate for the patient and that there is no critical information investigations or decision omitted.
Emergency Department	75	10		<b>0730-1630 –</b> 1 x ED SMO  <b>1230-2130 –</b> 1 x ED SMO  <b>1500-2400</b> 1 x ED SMO		RMO – 1 x 0800-1600 1 x 1500-2330 Registrar 1 x 0800-1600 Request Registrar to shift duty start time to align with expected peak presentation times during strike	<b>0001-0730 nil LPS request (nil ED SMO rostered)</b> <b>LPS Request</b> <ul style="list-style-type: none"> <li>0730 – 2400: 1 x ED SMO on duty on site. (2 x SMO total over this 16 ½ hour time frame)</li> <li>1230-2130 1 x ED SMO on call ON SITE to mitigate unexpected critical events during these peak hours within the emergency department and to respond as part of the MET team</li> </ul>	There are always between 1 and 2 patients in critical condition in resus. Need skill set able to manage resuscitation and patient safety for more than 1 patient in a situation where more than one critical event occurs at one time  Expectation 0730-2400 coverage will be shared between more than 1 SMO for safe care, therefore any start times between duties (no more than 3 ) to have a half hour overlap to ensure safe handover can occur.  ED CD notes that core staffing levels remain the same during weekend and public holiday.  Request is to support safe patient care in the absence of SMOs within the hospital during strike action

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ICU + anaesthetic theatre and hospital wide	5 ICU patients	1	Duty anaesthetist x 1 each duty: 0800-1300 1300-1800 1800-0800 + Critical care anaesthetist 1 x each duty: 0800-1300 1300-0800 (same person as duty anaesthetist)		CNM and senior RN. DNM also widely experienced in managing ICU patients from nursing perspective	1 x Critical care registrar 0800-2030 Anaesthetic registrar 0800-1730	<b>LPS request</b> <ul style="list-style-type: none"> <li>• <b>0001 – 2359 1 x anaesthetist SMO on call off site</b></li> <li>• <b>1 anaesthetist SMO on call on site and to respond as part of the MET team:</b> <b>0800-1300</b> <b>1300-1800</b></li> </ul>	<p>Currently high occupancy within the ICU environment, and limited resources within the hospital to support this specialised area placing extra risk if no one available to call on. ICU anaesthetist also supports the arrest call team for inpatient units and also be the named person if there is the need for anaesthetic support in two locations ( e.g. ICU/ED/Ward arrests plus acute theatre)</p> <p>Registrars for critical care and anaesthetic skills &amp; knowledge at junior level and can not make decisions with out SMO present or immediate contact</p> <p>Request is to support safe patient care in the absence of SMOs within the hospital during strike action</p>
Operating Theatre	4 planned theatre 2 x acute	1		On call off site 0001- 0800 1 x surgical SMO 1 x orthopaedic SMO 1x anaesthetist 1 x ENT SMO Ophthalmology – on call = Christchurch but local ophthalmologist is usual first call		1x anaesthetic reg as above with ICU 1 x RMO       6 x RMO	<b>LPS Request 0001-2359 – 1 x SMO for each specialty listed below on call off site</b> <ul style="list-style-type: none"> <li>• Gen Surg</li> <li>• Orthopaedics</li> <li>• ENT (ORL)</li> <li>• Ophthalmology</li> </ul> <p><u>Note - Ophthalmology</u> - local surgeon on call off site 0800-1700. Christchurch</p>	<p>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</p> <p>Registrars in South Canterbury are unable to perform life / limb preserving surgery or anaesthesia without the on site guidance of an SMO</p>

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				<p>for any critical events for availability</p> <p><b>On duty 0800-1700</b></p> <p>8 x Surgeon</p> <p>4 x Orthopaedics</p> <p>2 x ENT</p> <p>1 x Ophthalmology</p>		<p>2 x ortho registrar</p> <p>2 x surgical registrar</p>	after hours (current on call team is Christchurch)	
Paediatrics & Transitional Care Unit (neonate)	Average = 2 neonates 5 paediatrics	As required		<p>0001-0800</p> <p>1 x Paeds on call off site</p> <p>0800-1700</p> <p>2 x Paediatricians</p> <p>1700-2400 1 x SMO Paeds on call off site</p>	Senior RN/CNM	1 RMO	<p><b>LPS request 0001 – 2359 1 x Paeds SMO on call off site</b></p>	<p>A/A</p> <p><b>No registrar</b></p>
Maternity	5	1 obstetric 'Cat-1 C Section		<p>0001-0800</p> <p>1 x O&amp;G on call off site</p> <p>0800-1700</p> <p><b>3 x O&amp;G SMO on site</b></p> <p>1700-2400 On call off site</p>	Senior Midwives	1 RMO	<p><b>LPS request 0001 – 2359 1 x O&amp;G SMO on call off site</b></p> <p>0800-1700 + 1700-2359</p> <p>Non union locum booked</p> <p><u>so no LPS required unless this locum is unavailable</u></p>	A/A

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Medical	40-45 patient on average within the hospital	1 x resus on any location outside of theatre		0001-0800 1 x Physician on call off site  0800-1700- 7 x Physician 1700-2359 1 x SMO on call off site	Senior RNs	Possible option of Non union Locum if rostered – will remove LPS request as highlighted if non union available  5 RMO + 1 RMO – for ATR	<b>LPS Request:</b> <ul style="list-style-type: none"> <li>0001 –0800 - 1 x Gen Med SMO on call off site</li> <li>0800-1700 - 1 x Gen Med SMO on call on site</li> <li>1700 – 2400 - 1 x Gen Med SMO on call off site</li> </ul>	Physician is the SMO for all medical resus emergencies, including ED/ All wards and all Outpatient areas  Physicians tend to be on site during public holidays day hours due to high needs, complex patients and large volume of patients
Mental Health	7	As required		0001-0800 1 x Psychiatrist on call off site 0800-1700 3 x Psychiatrists	Crisis Team	1 RMO	<b>LPS request: 0001-2359 1 x SMO on call off site</b>  0800-1700 + 1700-2359 Non union locum booked <u>so no LPS required unless this locum is unavailable</u>	Required for crisis events/ Psychotic episodes
Civil Defence or Major emergency	NA		NA	all	Reduced staffing		Access to staff required should this situation arise and return to work (full or partial) be needed	Pool of staff as agreed in the emergency management protocol
Situations exceeding the ability of staff available to deliver LPS	NA		NA				Access to staff required should this situation arise and all other resources be utilised	Pool of staff as agreed in the emergency management protocol

