


**APPENDIX 2.**

LPS Requirements 12.5a, 12.5b and 12.5c –

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

Wairarapa District							<b>Submitted by;</b> <b>Name:</b> Gemma Askew <b>Title</b> Group Manager Planned Services <b>Contact :</b> 027 546 9845 <b>Date:</b> 15/4/2025	Signature 
Department / Service	Normal volumes in or through Department per 24 hours for which LPS being made	Likely volumes for 2/24 for which LPS requests likely to be made	Medical staff on core roster for strike day as at date notice issued		Other clinical staff who will be available on strike day who are appropriately trained to undertake some patient management/support	Non-Union/non striking/redeployed medical staffing available on strike day – SMOs, RMOs	LPS Requested (Should be listed as on duty, or on call on site or on call off site)	Reason for LPS request – Contingency Plan and gap unable to be filled. Tasks to be covered
			Shift	Medical Staff				<i>Note * No Registrar level roles currently in place for Wairarapa after hours or in some specialties during daytime</i>
Emergency Department	<b>Presentations</b> 38-55 Presentations per 24hrs.	Average 40-45 patients in department from census per 24hrs	0800-1600hrs 0900-1700hrs 1500-2300hrs 2230-0800hrs	1 SMO 2 RMOs  1 SMO  1 SMO 2 RMOs (1 x RMO for response to wider hospital)  1 SMO 2 RMOS (1 x RMO for response to wider hospital)	RNs Senior Nurses HCAs	1 x Locum SMO   1 x Locum SMO   1 x Locum SMO	<b>1 SMO on duty in department for duration of industrial action.</b>  <i>Some locum cover is rostered. LPS request made to ensure service coverage in the instance of locums withdrawing from shifts or short notice sick leave. Request will be likely to be reduced in the lead up to industrial action.</i>	ED SMO expertise and seniority required to manage potential acute/trauma presentations resuscitation and any critically unwell patients presenting.  Provide clinical escalation point for RMOs / Non-striking Specialists when clinical need exceeds their scope of practice/skill set to preserve life and or avoid permanent disability.  No Registrar level roles currently in place for Wairarapa  On-call 2 <sup>nd</sup> back up for instance of multiple complex presentations
General Medicine (inpatient and outpatients)	<b>Inpatient</b> 40-50 Patients throughout the hospital. (MSW, AT&R and HDU) <b>Outpatient clinics</b> 14 Patients. 2 Clinics <b>Community Clinics</b> TBC	40-50 inpatients 15 Planned DPU or clinic activity	0001hrs-0800hrs   0800-1630hrs   1630hrs-2359hrs	1 SMO on call off site (within 20mins)   7 SMOs 4 RMOs 1 Medical Registrar (junior)   1 SMO on call off site (within 20mins)	RNs in all wards and outpatients HCAs in wards	1 x RMO (based in ED available for response to wider hospital)   4 RMOs 1 Medical Registrar (junior) 1 x Locum SMO   1 x RMO (based in ED available for response to wider hospital)	<b>1 x SMO on call off site within 20 minutes</b>      <b>0800-1630hrs 1 x SMO on duty on site</b>      <b>1 x SMO on call off site within 20 minutes</b>	General Medicine physician expertise and seniority required for assessment and oversight of potential for deteriorating patient, complex patient, and specialist response to medical emergency (Wards or ED) and provide clinical escalation point for RMOs / Non striking Specialists when clinical need exceeds their scope of practice/skill set to preserve life and or avoid permanent disability.  Note increased likelihood through daytime hours requiring senior point of treatment decision making present in clinical areas

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General Surgery	<b>Inpatient</b> 8-10 Patients throughout the hospital. (MSW, AT&R and HDU) <b>DPU</b> 8 Patients. 10 Beds ( endoscopy & electives) <b>Outpatient clinics</b> 17 Patients. 2 Clinics	8-10 inpatients 0 Planned DPU or clinic activity	0001-0800hrs  0800-1630hrs  1630hrs-2359hrs	1 SMO on call off site (within 20mins)  4 SMOs 1 Surgical Registrar 2 RMOs  1 SMO on call off site (within 20mins)	RNs in all wards and outpatients Theatre RNs HCAs in wards	1 x RMO (based in ED available for response to wider hospital)  1 SMO – Locum 2 RMOs 1 Surgical Registrar (junior)  1 x RMO (based in ED available for response to wider hospital)	<b>1 x SMO on call offsite (within 20 minutes)</b> <i>Some locum cover is rostered. LPS request made to ensure service coverage in the instance of locums withdrawing from shifts or short notice sick leave. Request will be likely to be reduced in the lead up to industrial action.</i>  <b>0800-1200hrs 1 x SMO on duty on site</b> <b>1200-1630hrs 1 x SMO on call of site (within 20 minutes)</b>  <b>1 x SMO on call off site (within 20 minutes)</b>	General surgeon expertise and seniority required for assessment of acute presentation, acute surgery if required, and complex patient intervention, specialist response to medical emergency (Wards or ED) and provide clinical escalation point for RMOs / Non striking Specialists when clinical need exceeds their scope of practice/skill set to preserve life and or avoid permanent disability.
Orthopaedic	<b>Inpatient</b> 2-4 Patients throughout the hospital. (MSW, AT&R and HDU)  <b>Outpatient clinics</b> 25-30 patients 2 Outpatient Clinics	0-2 inpatients 0 Planned DPU or clinic activity	0800-1630hrs	1 SMO 1 Registrar (junior) 1 RMO	RNs in all wards and outpatients Senior Nurse Theatre RNs HCAs in wards	1 Registrar (junior) 1 RMO	<b>No LPS SMO request. Acute cases requiring transfer to tertiary provider will be captured in CC&amp;HV LPS plan.</b>	Escalation point through local Registrar to Cap Coast on call Registrar for urgent acute escalation
Anaesthetics	<b>Surgical Cases</b> 12-15 Planned and acute theatre cases  <b>Outpatient clinics</b> 4 patients 1 Clinic	0 planned theatre cases 0 Planned DPU or clinic activity	0001-0800hrs  0800-1630hrs	1 SMO on call off site (within 20mins)  3 SMOs  1 SMO on call off site (within 20mins)	Theatre and HDU RNs	1 SMOs (Locum)	<b>1 x SMO on call off site (within 20 minutes)</b>  <b>1 x SMO on call off site (within 20 minutes)</b> <i>Some locum cover is rostered. LPS request made to ensure service coverage in the instance of locums withdrawing from shifts or short notice sick leave. Request will be likely to be reduced in the lead up to industrial action.</i>	Anaesthetist expertise and seniority required for acute theatres if required, specialist response to medical emergency (Wards HDU or ED) and provide clinical escalation point for RMOs / Non striking Specialists when clinical need exceeds their scope of practice/skill set to preserve life and or avoid permanent disability.  No Registrar level roles currently in place for Wairarapa

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			1630-2359hrs	Covered by physician on call for Gen Med				
Mental Health	As per CC&HV LPS Plan.							
Civil Defence or Major emergency	NA						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						Access to staff required should this situation arise and all other resources be utilised	Pool of staff as agreed in the emergency management protocol

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