

APPENDIX 2. – LPS REQUEST for industrial action on 23/24 September 2025

LPS Requirements 12.5a, 12.5b and 12.5c –

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

Te Toka Tumai Auckland District – Liest Kenrick Contingency Planner - Te Toka Tumai 0223570373		Request Confirmed: Name: Date: Signature	
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12.5C Emergency Protocol

Emergency response for Te Toka Tumai	12.5c protocol agreed by ASMS and Te Toka Tumai					Sick calls are covered by normal processes, so the resourcing and skill mix is maintained for clinical safety.	Te Toka Tumai has the ASMS unions' delegated authority to contact directly the ASMS members who are required in exceptional circumstances. I.e. in the event of a mass casualty or disaster, additional qualified and skilled staff will as quickly as possible be supplied.	
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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 (DCCM/Ward 81)

48 Hours Total Withdrawal of Labour (0001 23rd Sept – 2359 24th Sept)									
Directorate Department / Service	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	Likely 26 patients in the unit	Up to 26 beds	0001-2359	3 x SMOs	Nil	None	We intend to cover our inpatients and support/supervise our registrars in attending hospital wide emergency code calls.	0001– 0800	0001– 0800 1x SMO on call offsite
								- 1x SMO on duty	0800-1800 2 x SMO on duty

Hospital Building A32 Level 8							<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"> • <u>Crisis intervention for the preservation of life or prevention of disability</u> • <u>Care required for therapeutic services without which life would be jeopardised or permanent disability occur</u> • <u>Urgent diagnostic procedures required to obtain information on potentially life-threatening conditions or permanent disability</u> • <u>ICU patients (Invasive ventilation, and/or Continuous Renal Replacement therapy and/or on more than one inotrope)</u> • <u>Assistance with diagnostic procedure which cannot be deferred including transport off the floor for urgent radiology</u> • <u>HDU patients (Non-invasive ventilation, low level inotropes, physiologically stable, no Behaviours of Concern) monitoring, inotrope administration, medication administration, pressure area cares.</u> • <u>Provision to admit and care for patients with acute deterioration requiring Intensive Care from hospital or Emergency Department.</u> • <u>National Liver Unit – all interventions required for this patient group.</u> 	<p>0800-1800</p> <p>- 3 x SMO on duty</p> <p>1800-2359</p> <p>- 1 x SMO on duty</p>	<p>1 x SMO on call offsite</p> <p>1800-2359</p> <p>1 x SMO on call offsite</p>
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Renal Services

48 Hours Total Withdrawal of Labour (0001 23rd Sept – 2359 24th Sept)									
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

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.	0001-0800 1 x general nephrology SMO on call off site 1 x renal transplant SMO on call off site 0800-1700 1 x general nephrology SMO on duty 1 x renal transplant SMO on duty 1700-2359 1 x general nephrology SMO on call off site 1 x renal transplant SMO on call off site	0001-0800 1 x general nephrology SMO on call off site 1 x renal transplant SMO on call off site 0800-1700 1 x general nephrology SMO on duty 1 x renal transplant SMO on duty 1700-2359 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.	1 x renal transplant SMO on call off 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)

48 Hours Total Withdrawal of Labour (0001 23rd Sept – 2359 24th Sept)									
Directorate Department / Service	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	225 patients during the 24-hour period 30-50 existing	225 patients during the 24 hour period	08:00- 18:00 12:00 – 10:00	13 SMOs/ Fellows/ MOSS's	7 Registrars 7 House Officers These RMO's are able to see	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 	08:00- 18:00 (Tuesday 23rd no registrars on duty) 4 x SMO on duty 3 x Fellow / MOSS on duty	08:00- 18:00 (Tuesday 23rd no registrars on duty) 4 x SMO on duty 3 x Fellow / MOSS on duty

48 Hours Total Withdrawal of Labour (0001 23rd Sept – 2359 24th Sept)

Directorate Department / Service	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
Hospital Building A32, Level 2	patients (carried over from the previous 24 hr period)	30-50 existing patients (carried over from the previous 24 hr period)	16:00 – 02:00 22:30-08:00		patients but are not trained sufficiently to fulfill the role of a senior decision maker		<ul style="list-style-type: none"> 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><u>0800- 1800 (Wednesday 24th)</u> 4 x SMO/ Fellow on duty</p> <p><u>12:00 – 22:00</u> 1 x SMO/Fellow on duty 1 x MOSS on duty</p> <p><u>1600 – 0200</u> 4 x SMO/ Fellow on duty 1 x MOSS on duty</p> <p><u>2230-0800</u> 1 x SMO / Fellow/ MOSS on duty; (minimum 5 doctors incl RMO)</p>	<p><u>0800- 1800 (Wednesday 24th)</u> 4 x SMO/ Fellow on duty</p> <p><u>12:00 – 22:00</u> 1 x SMO/Fellow on duty 1 x MOSS on duty</p> <p><u>1600 – 0200</u> 4 x SMO/ Fellow on duty 1 x MOSS on duty</p> <p><u>2230-0800</u> 1 x SMO / Fellow/ MOSS on duty; (minimum 5 doctors incl RMO)</p>

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

48 Hours Total Withdrawal of Labour - 23rd and 24th Sept (0001 - 2359)									
Directorate Department / Service	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 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 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.	<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.

48 Hours Total Withdrawal of Labour - 23rd and 24th Sept (0001 - 2359)									
Directorate Department / Service	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
Hospital in the Home (General Medicine/ Infectious Diseases) Community 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. Failure to provide the service may result in the client Imminently being admitted as an in-patient for treatment and/or symptom control	No LPS Required In the case of patient deterioration, a HiTH patient would be referred to above Gen Med and Emergency Department LPS SMOs	No LPS Required

Gastroenterology

48 Hour Total Withdrawal of Labour - 23rd and 24th Sept (0001 - 2359)									
Directorate Department / Service	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
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	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 – 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 credentialed	<u>0001 - 0800</u> 1 x SMO on call off site <u>0800 – 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

			off site						credentialed
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

48 Hours Total Withdrawal of Labour - (0001 23rd Sept – 2359 24th Sept)									
Directorate Department / Service	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
Respiratory Ward 72 Building A32 Level 7 ACH Ward 7A , Building A01 Level 7 ACH	21 beds 9 beds			2 SMO on duty	None	Unknown	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. 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. Lung transplant patients are admitted by the transplant SMO directly.	<u>0001 – 0800</u> 1 x General Respiratory SMO on call off site 1 x Transplant SMO on call off site <u>0800 - 1200</u> 1 x General Respiratory SMO 1 x Transplant SMO on duty for post acute ward round and to review any deteriorating patients. <u>1200 – 2359</u> 1 x General Respiratory SMO on call off site 1 x Transplant SMO on call off site	<u>0001 – 0800</u> 1 x General Respiratory SMO on call off site 1 x Transplant SMO on call off site <u>0800 - 1200</u> 1 x General Respiratory SMO 1 x Transplant SMO on duty for post acute ward round and to review any deteriorating patients. <u>1200 – 2359</u> 1 x General Respiratory SMO on call off site 1 x Transplant SMO on call off site
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

48 Hours Total Withdrawal of Labour - (0001 23rd Sept – 2359 24th Sept)

Directorate Department / Service	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
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.	<u>0001-0800</u> 1 x SMO Neurologist On call off site <u>0800-1200</u> 2 x SMO Neurologist on duty until completion of new patient / deteriorating patient consultant reviews on post acute ward rounds. <u>1200-1730</u> 1 x SMO Neurologist on-call on site <u>1730-2359</u> 1 x SMO Neurologist on call off site	<u>0001-0800</u> 1 x SMO Neurologist On call off site <u>0800-1200</u> 2 x SMO Neurologist on duty until completion of new patient / deteriorating patient consultant reviews on post acute ward rounds. <u>1200-1730</u> 1 x SMO Neurologist on-call on site <u>1730-2359</u> 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	No LPS required

Infectious Diseases

48 Hours Total Withdrawal of Labour - (0001 23rd Sept – 2359 24th Sept)									
Directorate Department / Service	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 Level 6	10-12 as well as virtual appointments	Likely 2-5 ID inpatients in ward. Consults ward rounds Outpatient clinic	NA	4 SMO's total 1 SMO referrals 1 SMO inpatients 1 SMO bacteraemia 1 SMO on Non-contact	2 Registrars	Not currently known	Access to SMO level advice may be required for urgent referrals e.g. severe sepsis.	<u>0001-0800</u> 1 x SMO on-call off-site <u>0800-1200</u> 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	<u>0001-0800</u> 1 x SMO on-call off-site <u>0800-1200</u> 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 – 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

48 Hours Total Withdrawal of Labour - 23 rd and 24 th Sept (0001 – 2359)									
Directorate Department / Service	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. 	<u>0001-0800</u> 1 x SMO On-Call Off-Site <u>0800-1700</u> 2 x SMO on duty <u>1700-2359</u> 1 x SMO On-Call Off-Site	<u>0001-0800</u> 1 x SMO On-Call Off-Site <u>0800-1700</u> 2 x SMO on duty <u>1700-2359</u> 1 x SMO On-Call Off-Site

							<ul style="list-style-type: none"> Delay transfers in from other regional DHBs as clinically safe to do so. 		
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	0800 - 1700 1 x SMO on duty
Te Pūriri o Te Ora Haematology Outpatient Clinics ACH	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	No LPS required
Te Pūriri o Te Ora Thrombosis & Haemophilia ACH	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	0800-1700 1 x SMO On-Call Off-Site
Te Pūriri o Te Ora Medical Oncology Ward and acute management ACH 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 1 x SMO on duty 1x SMO on call- off site 1600 – 2359 1 x SMO On-Call Off-Site	0001-0800 1 x SMO On-Call Off-Site 0800-1600 1 x SMO on duty 1x SMO on call- off site 1600 – 2359 1 x SMO On-Call Off-Site
Te Pūriri o Te Ora Medical Day Stay Unit & Infusion Room ACH oncology	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 duty (same person as Ward SMO)	0800-1600 1 x SMO on duty (same person as Ward SMO)
Te Pūriri o Te Ora Medical Oncology Outpatient Clinics	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	No LPS required

ACH									
Te Pūriri o Te Ora Medical Oncology Local Delivery outpatient clinics at Manukau Health Park and North Shore Hospital	90 Patients		0800-1700	11 SMO	4 RMO (under supervision of SMO)	Not known – presuming none	No SMO led clinic appointments will be scheduled for the period of the strike Registrar to be on site providing oversight to oncology Infusion centers, no unsupervised registrar clinics.	No LPS required	No LPS required
Te Pūriri o Te Ora Auckland Clinical Trials Centre ACH	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 Off site (for acute complications of trial therapy delivered on the day of strike) 1 x Fellow/SMO on duty <u>1600 – 2359</u> 1 x SMO On-Call Off-Site	<u>0001 - 0800</u> 1 x SMO On-Call Off-Site <u>0800-1600</u> 1 x SMO On-Call Off site (for acute complications of trial therapy delivered on the day of strike) 1 x Fellow/SMO on duty <u>1600 – 2359</u> 1 x SMO On-Call Off-Site
Te Pūriri o Te Ora Radiation Oncology Ward and Acute Management ACH	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>0800-1800</u> 1 x SMO On-Call On-Site <u>1800 - 2359</u> 1 x SMO On-Call Off-Site	<u>0001 – 0800</u> 1 x SMO On-Call Off-Site <u>0800-1800</u> 1 x SMO On-Call On-Site <u>1800 - 2359</u> 1 x SMO On-Call Off-Site
Te Pūriri o Te Ora Radiation Oncology (RT) ACH	Approx. 250 patients per day x2 days 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>0800-1800</u> 1 x SMO On-Call On-Site	<u>0800-1800</u> 1 x SMO On-Call On-Site
Te Pūriri o Te Ora	Approx. 250 patients per day x2 days for		0730-2130	13 SMO	Rad Onc RMO (working under supervision of	Not known – presuming none	Imaging confirmation at Linac console for one patient fraction 2 of 3 to ensure radiotherapy treatment delivery.	<u>1015-1145 24thSept</u> 1x SMO Liver Sabr credentialed on call on	<u>1015-1145 24thSept</u> 1x SMO Liver Sabr credentialed on call on site.

Radiation Oncology (RT) ACH	treatment				SMO		HCC Curative Sabr treatment interdigitated with Dialysis.	site.	
Te Pūriri o Te Ora Radiation Oncology, ACH Greenlane Clinical Centre Outpatient Clinics	40 patients		0800-1700	5 SMO		Not known – presuming none	No SMO led clinic appointments will be scheduled for the period of the strike	No LPS required	No LPS required
Te Pūriri o Te Ora Genetics Service , ACH	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	No LPS required
Te Pūriri o Te Ora New Zealand Familial GI Cancer Service ACH Wellington and ChCh	10 patients			5k SMO		Not known – presuming none	No SMO led clinic appointments will be scheduled for the period of the strike	No LPS required	No LPS required

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

48 hours Total Withdrawal of Labour – 23rd and 24th Sept 2025 (0001 – 2359)

Directorate Department / Service	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	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. 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. 1 x SMO on-site for P1 (urgent) and acute operating	<u>0001-0759 & 1701-2400</u> 1 x SMO On-call off-site <u>0800 –1700</u> 1 x SMO On-call on-site for acute ward cover and as assisting for acute Surgical cases 1 X SMO On-duty for Acute/P1 (urgent) surgery	<u>0001-0759 & 1701-2400</u> 1 x SMO On-call off-site <u>0800 –1700</u> 1 x SMO On-call on-site for acute ward cover and as assisting for acute Surgical cases 1 X SMO On-duty for Acute/P1 (urgent) surgery
Cardiovascular Directorate Ward 42, ACH, Level 4 CTSU and step down from CVICU	43 (35, plus 8 winter increased bed base)	Usual ward occupancy 30- 35	8 SMO	5 SMO	RMOs/CTSU MOSS	TBC	2 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.	<u>0001-0759 & 1701-2400</u> 2 x SMO On-call off-site covering acute/transplant <u>0800 –1700</u> 1 x SMO On-call on-site for acute ward cover and acute cases 2 X SMO On-duty for P1 (urgent) and time sensitive	<u>0001-0759 & 1701-2400</u> 2 x SMO On-call off-site covering acute/transplant <u>0800 –1700</u> 1 x SMO On-call on-site for acute ward cover and acute cases

							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.	cancer/cardiac surgery	2 X SMO On-duty for P1 (urgent) and time sensitive cancer/cardiac surgery
Cardiovascular Directorate CVICU, ACH, Level 4	24 beds split into 18 ICU + 6 HDU	Usual unit occupancy 21-23	3 SMO	3 SMO	RMOs	TBC	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	<u>0001-0759 & 1600-2400</u> 1 x SMO On-call off site excluding 2000-2100 when required on-site for evening ward round 1 X SMO On-call off-site for retrievals <u>0800-1600</u> 2 x SMO on duty 2 X SMO on-call off-site for retrievals	<u>0001-0759 & 1600-2400</u> 1 x SMO On-call off site excluding 2000-2100 when required on-site for evening ward round 1 X SMO On-call off-site for retrievals <u>0800-1600</u> 2 x SMO on duty 2 X SMO on-call off-site for retrievals
Cardiovascular Directorate CIU ACH, Level 3	All acute STEMI & any acute device work (all STEMI, unstable NSTEMI or UAP, unstable arrhythmia /device patients)	2 Rooms	4 SMO - Cardiologists 3/4 – Interventional cardiology SMO	Total 20 SMO rostered for whole service. LPS areas roster: 4 SMO - Cardiologists 4 – Interventional	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.	<u>0001-0759</u> <u>1601-2400</u> 1 x Cardiologist SMO (ward and CCU) off site on-call 1 x Interventional Cardiologist SMO (CIU) off-site on-call (Regional Roster SMO from 1 of Auckland/Counties/Waitematā) 1 x Cardiologist SMO (ECHO) off-site on-call 1 x Cardiologist SMO (EP) off-site on-call (advice only) 1 x ACHD Cardiologist (Paeds or Adult Service) off-site on-call (advice only) <u>0800-1600</u> 1 x Cardiologist SMO (ward 31) CCU) also covering on site on-call	<u>0001-0759</u> <u>1601-2400</u> 1 x Cardiologist SMO (ward and CCU) off site on-call 1 x Interventional Cardiologist SMO (CIU) off-site on-call (Regional Roster SMO from 1 of Auckland/Counties/Waitematā) 1 x Cardiologist SMO (ECHO) off-site on-call 1 x Cardiologist SMO (EP) off-site on-call (advice only) 1 x ACHD Cardiologist (Paeds or Adult Service) off-site on-call (advice only) <u>0800-1600</u>
Cardiovascular Directorate CCU ACH, Level 3	22	20-22				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. (all STEMI, unstable NSTEMI or UAP, unstable arrhythmia/device patients)		
Cardiovascular Directorate Ward 31	28 +8 (flex increased winter bed base)	32				TBC			

ACH, Level 3							Provision for urgent outpatients at ACH (time sensitive transplant/biopsies) Potentially provided by non-striking members.	1 x Cardiologist SMO (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) on-site on-call	1 x Cardiologist SMO (ward 31) CCU) also covering on site on-call 1 x Cardiologist SMO (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) on- site on-call
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Level 4 [CTSU and ORL] Operating Rooms	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 2 x CTSU theatre for planned LPS and P1 /P2 time sensitive cancer (ORL/thoracic)/cardiac. 1 acute ORL theatre 1 acute Cardiology lab/CTSU theatre - L4 LPS would exclude (but not limited to): requests for invasive and peripheral venous access elective cardioversions elective patient reviews and clinics teaching & education clinical admin.	<u>0001-0730, 0001-0730</u> 3 x SMO on call off site <u>0730- 1730</u> 6 x SMO on-duty : 2 x P1 CTSU OR 1x P1 ORL acutes 1 x Cardiology/Cardiac acutes 2 x SMO coordinators for emergency assistance/cardiac cath lab on site on duty <u>1730-2400</u> 3 x SMO on call off-site 3 x SMO on call off site <u>0730- 1730</u> 6 x SMO on-duty :	<u>0001-0730, 0001-0730</u> 3 x SMO on call off site <u>0730- 1730</u> 6 x SMO on-duty : 2 x P1 CTSU OR 1x P1 ORL acutes 1 x Cardiology/Cardiac acutes 2 x SMO coordinators for emergency assistance/cardiac cath lab on site on duty <u>1730-2400</u> 3 x SMO on call off-site 3 x SMO on call off site <u>0730- 1730</u> 6 x SMO on-duty :
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								2 x P1 CTSU OR 1x P1 ORL acutes 1 x Cardiology/Cardiac acutes 2 x SMO coordinators for emergency assistance/cardiac cath lab on site on duty <u>1730-2400</u> 3 x SMO on call off-site	2 x P1 CTSU OR 1x P1 ORL acutes 1 x Cardiology/Cardiac acutes 2 x SMO coordinators for emergency assistance/cardiac cath lab on site on duty <u>1730-2400</u> 3 x SMO on call off-site
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</u> <u>1601-2400</u> 1 x Transplant Surgeon SMO on-site on-call for Acute work. Refer to CTSU surgical cover <u>0800-1600</u> 1 x Cardiologist SMO (transplant on duty 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	<u>0001-0759</u> <u>1601-2400</u> 1 x Transplant Surgeon SMO on-site on-call for Acute work. Refer to CTSU surgical cover <u>0800-1600</u> 1 x Cardiologist SMO (transplant on duty 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

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

48 hours Total Withdrawal of Labour – 23rd and 24 th Sept 2025 (0001 to 2359)									
Directorate Department / Service	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	SMO staff on core roster for strike day as at date notice issued	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	Agreed LPS
Children's Emergency Department CED Starship Hospital Level 2	140	130-150		0800-0800hrs (24 hours) 4 SMO	0800-1800 Reg x 1 NP x 2 1300-2300 SHO x 1 Reg x 2-3 NP x 1 1600-2230 SHO x 1 Reg x 1 2230-0800 SHO x 1 Reg x 2 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.	<u>0001-0200</u> 2 x SMO on duty <u>0200-0800</u> 1 x SMO On call off site <u>0800-1800</u> 2 x SMO on duty <u>1801 - 2359</u> 2 x SMO on duty	<u>0001-0200</u> 2 x SMO on duty <u>0200-0800</u> 1 x SMO On call off site <u>0800-1800</u> 2 x SMO on duty <u>1801 - 2359</u> 2 x SMO on duty

48 hours Total Withdrawal of Labour – 23rd and 24 th Sept 2025 (0001 to 2359)								
Directorate Department / Service	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	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 	<u>0001-0730</u> 2x SMO on call off site <u>0730-1730</u> 2x SMO on duty 1 SMO on call off site – for urgent/complex retrievals <u>1730-2359</u> 2x SMO on call off site	<u>0001-0730</u> 2x SMO on call off site <u>0730-1730</u> 2x SMO on duty 1 SMO on call off site – for urgent/complex retrievals <u>1730-2359</u> 2x SMO on call off site
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48 hours Total Withdrawal of Labour – 23rd and 24 th Sept 2025 (0001 to 2359)									
*As per national protocol for critical care and HDUs									
Directorate Department / Service	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		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 8 in Whitinga Ora Pepi		08:00 – 17:00 – 3 SMOs and 1-2 Fellows 17:00 – 08:00 - 1 SMO	None	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 	<u>0001 – 0800</u> 1 x SMO on call off site <u>0800 – 1700</u> 2 x SMOs on duty <u>1700 – 2359</u> 1 x SMO on call off site <u>0001 – 2359</u> 1 x SMO on call off site – for urgent/complex retrievals	<u>0001 – 0800</u> 1 x SMO on call off site <u>0800 – 1700</u> 2 x SMOs on duty <u>1700 – 2359</u> 1 x SMO on call off site <u>0001 – 2359</u> 1 x SMO on call off site – for urgent/complex retrievals

48 hours Total Withdrawal of Labour – 23rd and 24 th Sept 2025 (0001 to 2359)								
Directorate Department / Service	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	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient	Non Union/no n 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

				management				
Paediatric & Congenital Cardiac Se Starship Hospital Ward 23B inclusive of Intensive Observation Area (IOA) service	17	17	0800 – 1700 1 x SMO on-call 1 x SMO second on-call Fellows	None	Unknown	National service These patients are on HFNO, inotropes, continuous cardiac monitoring 60% are under 6 months of age 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. High risk single ventricle 1 st stage surgical repair inpatients on the single ventricle management guideline. 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.	0001 – 0800 <u>1700 – 0800</u> <u>1700 – 2359</u> 1x SMO on call off-site 1x SMO 2nd on call off-site 1x Septostomiser on call off-site (if neither of the above is a septostomiser) 1x ACHD SMO on call off-site (if none of the above is an ACHD SMO) 1x Fellow on call off-site <u>0800-1200</u> 1x SMO on duty (ward round) <u>1200-1700</u> 1x SMO on call on-site (according to acute inpatient load) 1x SMO 2nd on call off-site 1x Septostomiser on call off-site (if neither of the above is a septostomiser) 1x ACHD SMO on call off-site (if none of the above is an ACHD SMO) 1x Fellow on duty	0001 – 0800 <u>1700 – 0800</u> <u>1700 – 2359</u> 1x SMO on call off-site 1x SMO 2nd on call off-site 1x Septostomiser on call off-site (if neither of the above is a septostomiser) 1x ACHD SMO on call off-site (if none of the above is an ACHD SMO) 1x Fellow on call off-site <u>0800-1200</u> 1x SMO on duty (ward round) <u>1200-1700</u> 1x SMO on call on-site (according to acute inpatient load) 1x SMO 2nd on call off-site 1x Septostomiser on call off-site (if neither of the above is a septostomiser) 1x ACHD SMO on call off-site (if none of the above is an ACHD SMO) 1x Fellow on duty
Paediatric & Congenital Cardiac Service Cardiac Investigation Room (interventional and diagnostic procedures)	2 – 3 patients would usually be scheduled for all-day cath list	Acute work only	Acute on-call list 0800-1630		Unknown	LPS request on a case-by-case basis	<u>0001 - 2359</u> 1 x SMO on-call off-site (same on-call person as above rather than additional)	<u>0001 - 2359</u> 1 x SMO on-call off-site (same on-call person as above rather than additional)
Paediatric & Congenital Cardiac Service Starship theatres	Usually, 1 patient would be scheduled for 1 all day paed lists		1 x SMO (surgeons) 0800 - 1700			LPS request on a case by case basis	<u>0001 - 2359</u> 1x SMO on-call off-site (surgeon) 1x Fellow on-call off-site <u>0800 – 1200</u> 1x SMO on duty (ward round)	<u>0001 - 2359</u> 1x SMO on-call off-site (surgeon) 1x Fellow on-call off-site <u>0800 – 1200</u> 1x SMO on duty (ward round)
Cardiac Clinic 23A	0		1 x SMO rostered for AM clinic; 2 SMOs rostered for PM clinic 0800-1630		Unknown	Clinics not considered LPS.	No LPS staff required	No LPS staff required

48 hours Total Withdrawal of Labour – 23rd and 24 th Sept 2025 (0001 to 2359)								
Directorate Department / Service	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	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 Orthopedics	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.	0001-0900 1x SMO on-call off-site (Note: will also cover acute theatres) 0900 – 1200 1x SMO on-duty (ward round) 1200-2359 1x SMO on-call, off-site	0001-0900 1x SMO on-call off-site (Note: will also cover acute theatres) 0900 – 1200 1x SMO on-duty (ward round) 1200-2359 1x 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.	0001-0900 1x SMO on-call off-site (Note: will also cover acute theatres) 0900 – 1200 1 x SMO on-duty (ward round) 1200-2359 1 x SMO on-call, off-site	0001-0900 1x SMO on-call off-site (Note: will also cover acute theatres) 0900 – 1200 1 x SMO on-duty (ward round) 1200-2359 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.	0001-0900 1x SMO on-call off-site (Note: will also cover acute theatres) 0900 – 1200 1 x SMO on-duty (ward round) 1200-2359 1 x SMO on-call, off-site	0001-0900 1x SMO on-call off-site (Note: will also cover acute theatres) 0900 – 1200 1 x SMO on-duty (ward round) 1200-2359 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 Staff Required	No LPS Staff Required

48 hours Total Withdrawal of Labour – 23rd and 24th Sept 2025 (0001 to 2359)

Directorate Department / Service	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	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> 0001-0800 1 x SMO on-call off-site 0800-1700 1x SMO on duty 1x SMO on-call on-site 1700-2359 1 x SMO on-call off-site	<u>Across the floor</u> 0001-0800 1 x SMO on-call off-site 0800-1700 1x SMO on duty 1x SMO on-call on-site 1700-2359 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.		

48 hours Total Withdrawal of Labour – 23rd and 24th Sept 2025 (0001 to 2359)

Directorate Department / Service	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	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/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
Child Health 26A Medical Services inclusive of Intensive Observation Area (IOA) +any outliers to other wards	16	16 inpatients + consult work (variable PICU/NICU/CED/Virt ual)	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 	<u>0001-0800</u> 1x SMO on-call off-site Endocrine 1x SMO on-call off-site Metabolic 1x SMO on-call off-site Neurology <u>0800-1200 (to complete ward rounds – may be shorter depending on patient load)</u> 1x SMO on duty Endocrine 1x SMO on duty Metabolic 1x SMO on duty Neurology <u>1200-2359</u> 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.	<u>0001-0800</u> 1x SMO on-call off-site Endocrine 1x SMO on-call off-site Metabolic 1x SMO on-call off-site Neurology <u>0800-1200 (to complete ward rounds – may be shorter depending on patient load)</u> 1x SMO on duty Endocrine 1x SMO on duty Metabolic 1x SMO on duty Neurology <u>1200-2359</u> 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,	22	22 inpatients + consult work (variable PICU/NICU/CED/Virt ual)	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 	<u>0001-0800</u> 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	<u>0001-0800</u> 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

Complex Respiratory, Infectious Diseases						<ul style="list-style-type: none"> - Resus events - Patients admitted acutely for liver/kidney transplant - Critical national patient advice 	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.	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 Ward 25 – general Paediatrics and Eating Disorder Services	35	35 – 40 inpatients	2 x SMO on duty 0800-1700 Overnight: 1 x SMO on call off site	1 x CN 10 - 12 RN 1 x NE 1 x CNS 4 HCA – PA	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.	0001-0800 1 x SMO on call off site 0800 - 1700 1 x SMO on duty 1 x SMO on duty (0800-1300) then on call off site (1300-1700) 1700 - 2400 1 x SMO on call off site	0001-0800 1 x SMO on call off site 0800 - 1700 1 x SMO on duty 1 x SMO on duty (0800-1300) then on call off site (1300-1700) 1700 - 2400 1 x SMO on call off site
Ward 25				2 HCA – PA Oranga Tamariki		The volume has increased as predicted by historic capacity and demand acute medical winter overflow		

SSOR								
Directorate Department / Service	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	SMO staff on core roster for strike day as at date notice	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

			issued					
Child Health Perioperative Services –Theatres	60	10-15	0000-2359 11xSMO	1 fellow (likely ASMS member) 4-5 RMOs registrars all would need SMO back up	None	Minimal required for acute work within each subspeciality – reflects usual after hours staffing	0000-0800 3x SMO on call off site (general, liver, cardiac) 0800-1730 4x SMO on duty – Coordinator, General, Cardiac, Oncology 1730-0000 3x SMO on call off site (general, liver, cardiac)	0000-0800 3x SMO on call off site (general, liver, cardiac) 0800-1730 4x SMO on duty – Coordinator, General, Cardiac, Oncology 1730-0000 3x SMO on call off site (general, liver, cardiac)
Level 2 SSH								
Community, Te Puaruruhau Total withdrawal of labour – 48 hours, 23 rd and 24 th Sept (0001 to 2359)								
Directorate Department / Service	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	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	1-2 visits daily	0	0800-1700: 3 SMOs on duty Overnight: 1 x	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	No LPS staff required	No LPS staff required

Grafton Road) and inpatient consultations			SMO on call off site			provided by others at Starship. Nurse Specialist or Social Worker can respond to Child Protection requests.		
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LPS – Clinical Support Directorate

LabPlus, APS Mt Wellington (Community AP) 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

48 Hours Total Withdrawal of Labour 23rd and 24 th Sept 2025 (0001 – 2359)								
Directorate Department / Service	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	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	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 paedcs 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	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.
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	0000 – 2400 (24 hrs) 1 x onsite on call	Scientific and technical staff will process the frozen section and urgent biopsy	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 SMO on call on site	0800-1700 1 x SMO on call on site

				and wait for the SMO to report the case				
Northern Forensic Pathology Service Auckland and Palmerston North	8 routine coronial post-mortems	8 routine coronial post-mortems	On-call 24 hour Normal BAU: Auckland – 5 x SMO onsite with 1 x on-call Normal BAU: Palmerston North – 1 x SMO on-site with 1 x on-call	No other SMO available	No non-union SMO available	Request exception on the grounds of being “justice preserving” for on-call SMO to perform forensic post-mortems (homicide and suspicious deaths) only	08:00-16:00 1 x SMO on-call offsite 16:00-08:00 1 x SMO on-call offsite	08:00-16:00 1 x SMO on-call offsite 16:00-08:00 1 x SMO on-call offsite
Haematology Grafton	2000	50	0001-0800 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	0001 – 0800 0800 – 1600 1600 – 2359 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 1 x SMO oncall offsite contactable by phone and having a remote access (Horizon remote desktop) for each of the 3 shifts
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 - Newborn 100 Antenatal 100 Bowel Screening 1000	250 per 24 hours	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 1 x SMO On call off site Contactable by phone with access to citrix to view results and RCP	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 1 x SMO On call off site Contactable by phone with access to citrix to view results and RCP
Microbiology ACH	636	20	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	0001 – 0800 0800 – 1600 1600 – 2359 1 x SMO on call offsite
Immunology ACH	1169	Depending on what is received as urgent on the day 3 per week	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	0001 – 0800 0800 – 1600 1600 – 2359 1 x SMO on call offsite

LPS – Community and Long-Term Conditions Directorate –23rd and 24th Sept 2025 00:01 to 23:59

Palliative care and Specialist Outpatient Services (Dermatology, Endocrinology, Immunology, Diabetes, Sexual Health, TARPS)

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

Mana Awhi

Community and Long-Term Conditions								
48 Hours Total Withdrawal of Labour - 23rd and 24th Sept (0001 - 2359)								
Directorate /Site	Average volumes in or through Department during the strike time	Likely volume for 24 hours for which LPS requests likely to be made	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
Mana Awhi - Awatea Ward	28 patients	24 (includes 8 ESR beds)	0000 – 0800 1 SMO 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 any other life preserving treatment/ intervention requiring expertise at SMO level	<u>0001 to 0800</u> 1 x SMO on call offsite <u>0800 to 1630</u> 2 x SMO on call onsite (Level 13 / level 14 / CDU / any urgent referrals meeting LPS threshold) <u>1630 to 2359</u> 1 x SMO on call offsite	<u>0001 to 0800</u> 1 x SMO on call offsite <u>0800 to 1630</u> 2 x SMO on call onsite (Level 13 / level 14 / CDU / any urgent referrals meeting LPS threshold) <u>1630 to 2359</u> 1 x SMO on call offsite
Marino Ward	24 Patients	24						
Remuera Ward	28 Patients	28						
Rangitoto Ward	27 Patients	30 (includes 8 ESR Beds)	0800 – 1630 12 SMO on site 1600-2359 1 SMO on call off site					

Community and Long-Term Conditions								
48 Hours Total Withdrawal of Labour - 23rd and 24th Sept (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	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
Sexual Assault	1-2 patients during the day and afterhours	1-2 patients	00:00 – 06:00 1 x smo on call (a/h) 08:00 -17:00 2 x smo on site (daytime) 18:00 – 23:59 1 x smo 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	<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
Rheumatology	0-1	0-1	00:00-23:59 1 x smo on call	Registrar 08:00- 16:00	Not Known	Acute patient consultation	<u>00:00-23:59</u> 1 SMO on call offsite	<u>00:00-23:59</u> 1 SMO on call offsite

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

48 Hours Total Withdrawal of Labour (0001 23rd Sept – 2359 24th Sept)

Directorate Department / Service	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 ACH								Provided by CV Directorate	
Level 8 [Adult and Emergency] Operating Rooms ACH	55 cases Normal workload: 9 – 10 full day electives 3 acute OR's plus radiology	25 acute cases plus 5-10 non- deferrable cases as determined by gatekeeper 2 acute stroke cases	0000- 2359	15 per day	Many of our Fellows are likely ASMS members 8-10 RMO (spread between GCC and ACH sites) who would need SMO backup	Most ASMS members – TBC if any non- members	Regional tertiary/ quaternary acute surgical service, time sensitive cancer/cases with appreciable risk of harm to patient	<u>0000-0730</u> 1 x SMO 1st call 1 x SMO 2nd call 1x liver call SMO on call offsite <u>0730-1730</u> 2 x SMO on duty – (acute OR management and acute radiology) 1 x SMO on duty - coordinator 4 x SMO on-call onsite - (backup for acute uplift and non-deferrable cases, one needs to be liver transplant) <u>1730-2359</u> 1 x SMO 1st call 1 x SMO 2nd call 1x liver call SMO on call offsite 1 x fellow on site on call till 2200	<u>0000-0730</u> 1 x SMO 1st call 1 x SMO 2nd call 1x liver call SMO on call offsite <u>0730-1730</u> 2 x SMO on duty – (acute OR management and acute radiology) 1 x SMO on duty - coordinator 4 x SMO on-call onsite - (backup for acute uplift and non-deferrable cases, one needs to be liver transplant) <u>1730-2359</u> 1 x SMO 1st call 1 x SMO 2nd call 1x liver call SMO on call offsite 1 x fellow on site on call till 2200
Level 9 [Women's Health] Operating Rooms	30 OR cases + 10 labour epidurals per 24 hours, acute pain	15 acute cases + 10 labour epidurals per 24 hours	0000- 2359	9 per day	2 fellows-likely ASMS members – and 4-5 RMOs (all would need SMO supervision/backup	Likely all ASMS members	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	<u>0000-0800</u> 2 x SMOs on call off-site	<u>0000-0800</u> 2 x SMOs on call off-site

ACH	rounds, preop assessment clinic	0-2 MFM cases			as pre-vocationally registered)		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 debulking timed with chemotherapy See granular plan for L9 below	<u>0800-1800</u> 2 x SMOs on duty (for acute workload management & supervision) 2 x SMO on duty (if needed for time critical non-deferrable oncology or MFM cases as determined by gatekeeper – may be cancelled on day) <u>1800-2359</u> 2 x SMOs on call off site	<u>0800-1800</u> 2 x SMOs on duty (for acute workload management & supervision) 2 x SMO on duty (if needed for time critical non-deferrable oncology or MFM cases as determined by gatekeeper – may be cancelled on day) <u>1800-2359</u> 2 x SMOs on call off site
Greenlane Surgical Unit (GSU) Operating Rooms Greenlane	Normal workload would be 60 cases all 8 rooms working full days	2-4	0000-2359	8 per day	Most of our Fellows are likely ASMS members 8-10 RMO (GCC and ACH sites) who would need SMO backup	Likely most ASMS members – TBC whether any non-members	Acute regional eye service including urgent corneal transplants	<u>0000-0730</u> nil LPS required(routine) <u>0730-1730</u> 1 x SMO on duty – (coord and acute theatre management, acutes eyes/oocyte retrieval) 1 x SMO on-call on-site <u>1730-2000</u> 1 x SMO on call off site (for acute eyes) <u>2000 – 2400</u> – nil LPS required (routine)	<u>0000-0730</u> nil LPS required(routine) <u>0730-1730</u> 1 x SMO on duty – (coord and acute theatre management, acutes eyes/oocyte retrieval) 1 x SMO on-call on-site <u>1730-2000</u> 1 x SMO on call off site (for acute eyes) <u>2000 – 2400</u> – nil LPS required (routine)

Starship Operating Rooms

48 Hours Total Withdrawal of Labour (23 rd Sept – 24 th Sept)									
Directorate Department / Service	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	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 subspeciality – reflects usual after hours staffing	See child health <u>0000-0800</u> 3x SMO on call off site (general, liver, cardiac) <u>0800-1730</u> 4x SMO on duty – Coordinator, General, Cardiac, Oncology <u>1730-0000</u> 3x SMO on call off site (general, liver, cardiac)	See child health <u>0000-0800</u> 3x SMO on call off site (general, liver, cardiac) <u>0800-1730</u> 4x SMO on duty – Coordinator, General, Cardiac, Oncology <u>1730-0000</u> 3x SMO on call off site (general, liver, cardiac)
Level 2 SSH									

L9 LPS would include:

1. 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:
 - a. Cat 1, 2 or 3 maternity case
 - b. Acuity 1, 2 or 3 gynae acute cases (cat 3 reviewed for acuity before proceeding)
2. 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)
3. RMO supervision by the 1st call SMO e.g. for PACU reviews etc etc
4. 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

Mental Health Directorate

48 Hours Total Withdrawal of Labour (00:01 23rd Sept – 23:59 24th Sept)								
Directorate Department / Service	Average volumes in or through Department per 24 hours	Likely volume for 24 hours for which LPS requests likely to be made	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient	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

				management/ Support				
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	0800 – 1630 1 x SMO oncall offsite
Lotofale	10	5	0800 - 1630 2	Allied and Nursing staff	2 Locums	Nil	No LPS required	No LPS required
Manawanui	10	5	0800 - 1630 2	Allied and Nursing staff Registrar	0	Nil	No LPS required	No LPS required
Adult CMHC's X4 teams Kainga Tiaki Manaaki Cornwall House Ihi Ora	25 per clinic	15 x 4	0800 - 1630 4 x each shift	Allied and Nursing staff 3 registrars	Locums in 1 team Kainga Tiaki No locum SMO's in 3 teams	Nil	0001 - 0800 0800 – 1630 1630 - 0800 1630 - 2359 1 x SMO on call offsite	0001 - 0800 0800 – 1630 1630 - 0800 1630 - 2359 1 x SMO on call offsite
Urgent Response Service Greenlane Clinical Services	5-8 urgent assessments		0800 - 1630 2 (URS) Oncall 1630 to 2300	5 Allied Health staff and Registered Nurses 1 Registrar	1 Locum SMO available for URS	SMO oncall overnight 23 rd and 24 th September for urgent assessment and to meet Legislative Requirements. (MH ACT)	0001 - 0800 0800 – 1630 1630 – 0800 1630 - 2359 1 x SMO on call offsite	0001 - 0800 0800 – 1630 1630 – 0800 1630 - 2359 1 x SMO on call offsite
Kari Centre Greenlane Clinical Services	35 - 43	9	0800-1630 3 1 MOSS	32 Allied Health 6 Nursing staff	Nil	Urgent assessment or advice only	0001 - 0800 0800 – 1630 1630 – 0800 1630 – 2359 1x SMO on call (Regional on call CAMHS roster)	0001 - 0800 0800 – 1630 1630 – 0800 1630 – 2359 1x SMO on call (Regional on call CAMHS roster)
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	0800 – 1630 23/9/25 0800 – 1630 24/9/25 Locum and House officer will cover	Nil LPS required	Nil LPS required

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. 0001 - 0800 1630 – 0800 1630 – 2359 (Regional on call CAMHS roster) as above	0800-1630 1x SMO oncall offsite. 0001 - 0800 1630 – 0800 1630 – 2359 (Regional on call CAMHS roster) as above
Te Whetu Tawera Auckland City Hospital	58 acute inpatients	58 acute inpatients	0800-1630 5	Registrars. Advance treatment plans in place for all inpatients	2 Locum SMO	<i>Only required if no non-union member available.</i> SMO may be required to manage increasing patient acuity.	<u>0001 - 0800</u> <u>0800 - 1630</u> <u>1630 – 0800</u> <u>1630 – 2359</u> 1 x SMO on call off site as part of Adult on call roster	<u>0001 - 0800</u> <u>0800 - 1630</u> <u>1630 – 0800</u> <u>1630 – 2359</u> 1 x SMO on call off site as part of Adult on call roster
Haumarū Ōrite (Child and Family Unit) Auckland City Hospital	18 acute inpatients	18 acute inpatients	0800-1630 3	1x Registrar rostered on	Nil	On call SMO may be required to manage increasing patient acuity.	0800-1630 1x SMO oncall offsite. <u>0001 - 0800</u> <u>1630 – 0800</u> <u>1630 – 2359</u> 1 x SMO on call off site overnight	0800-1630 1x SMO oncall offsite. <u>0001 - 0800</u> <u>1630 – 0800</u> <u>1630 – 2359</u> 1 x SMO on call off site overnight
Haumarū Ōrite (Mother and Baby Unit) Auckland City Hospital	3 acute inpatients	3 acute inpatients	As above	As above	Nil	On call SMO may be required to manage increasing patient acuity.		
Fraser McDonald Unit/ECT Auckland City Hospital	15 acute inpatients	15 acute inpatients	0800-1730 2	Registrar	Nil	On call SMO may be required to manage increasing patient acuity.	0800 – 1630 1x SMO on call on site – Fraser Mc and ECT <u>0001 - 0800</u> <u>1630 – 0800</u> <u>1630 – 2359</u> 1x SMO on call off site (shared with Liaison on call. Note this is a regional on call.)	0800 – 1630 1x SMO on call on site – Fraser Mc and ECT <u>0001 - 0800</u> <u>1630 – 0800</u> <u>1630 – 2359</u> 1x SMO on call off site (shared with Liaison on call. Note this is a regional on call.)
Awhi Matua (MHSOP community)	Various	Outpatient	0800 -1630 3	Allied Health Nursing staff Registrar	Nil	On call SMO for urgent matters, e.g. to manage increasing acuity, if no non union member available & advice to registrar		

Liaison Psychiatry Auckland City Hospital	10 per day	Variable	0800 –1700 4	Registrar (junior only) Possibly NP	1 x SMO Locum	1 x On duty SMO for urgent cases in ward and ED on 23 rd and 24th 0800 to 16.30 <i>Only required if no non-union member available</i> SMO may be required to manage increasing patient acuity.	0800 to 1630 1 x SMO Oncall off site – Awhi Matua 0800 to 1630 1 x SMO on duty – Liaison Psychiatry	0800 to 1630 1 x SMO Oncall off site – Awhi Matua 0800 to 1630 1 x SMO on duty – Liaison Psychiatry
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 on call offsite. <u>0001 - 0800</u> <u>1630 – 0800</u> <u>1630 – 2359</u> (Regional overnight oncall CAMHS roster) 1x SMO on call off site as above	0800-1630 1x SMO on call offsite. <u>0001 - 0800</u> <u>1630 – 0800</u> <u>1630 – 2359</u> (Regional overnight oncall CAMHS roster) 1x SMO on call off site as above
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	SMO will cover – not striking	Nil	No LPS required	No LPS required
Buchanan Rehab Centre	40	40	24/7 2 SMO	Nursing, AH, rehab assistants 1 Registrar	1 part time locum	Nil during business hours	0800-1630 (locum) not required 0001 - 0800 1630 – 0800 1630 – 2359 1 x SMO on call off site , shared with adult community services	0800-1630 (locum) not required 0001 - 0800 1630 – 0800 1630 – 2359 1 x SMO on call off site , shared with adult community services
Assertive Community Outreach Service	30	various	0800-1700 1 SMO	Nursing and AH staff	Cover from Buchanan Locum (above)	Nil		

LPS – Women’s Health Directorate

48 Hours Total Withdrawal of Labour (0001 23rd Sept – 2359 24th Sept)

Site	Average volumes in or through Department per 24 hours	Likely volume for 24 hours for which LPS requests likely to be made	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
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Women’s Assessment Unit ACH	34 events	22	0800 –1700 1700 - 0800 “WAU SMO” = 1 SMO for WAU/97 including acute surgery	Junior doctors will be available as per normal but they need the support of SMO’s and scope is restricted		Management of care for life preserving gynaecological and maternity presentations, for example but not limited to; <ul style="list-style-type: none">Ectopic pregnancyReduced fetal movementsSpontaneous miscarriage that is unstableSepsisRetained productsPre-eclampsia/EclampsiaObstetric haemorrhageFetal surveillance of high risk pregnancySevere medical conditions in pregnancyInduction of labour for high risk pregnancy (LBS SMO) Management and post operative care for all inpatients, including vulnerable and unstable women Gynae Oncology Gynae Inpatients Gynae Acute	WAU/97 2 Shifts: <u>0800 - 1700</u> <u>1700 - 0800</u> 1 x O&G SMO on-call on-site (on duty for handover 0800,1700, and 2200h followed by rounds then offsite) 1 x Gynae Oncology SMO on-call off-site (covering 97/theatres for GONC patients) <u>0800-1800</u> 1 x SMO on call offsite (for time critical non-deferrable oncology or MFM cases, may be reduced on the day)	WAU/97 2 Shifts: <u>0800 - 1700</u> <u>1700 - 0800</u> 1 x O&G SMO on-call on-site (on duty for handover 0800,1700, and 2200h followed by rounds then offsite) 1 x Gynae Oncology SMO on-call off-site (covering 97/theatres for GONC patients) <u>0800-1800</u> 1 x SMO on call offsite (for time critical non-deferrable oncology or MFM cases, may be reduced on the day)
Ward 97 ACH	22 beds	15 5 acute						
Tamaki Ward ACH	21 + flex 5 beds occupied (Excludes babies)	21	0800 –1700 1700 - 0800 “LBS SMO” = 1 SMO for LBS/MCCA/98/96/Tamaki /acute surgery for LBS/obstetric inpatients	Junior doctors will be available as per normal, but they need the support of SMO’s and scope is less		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	LBS/maternity 2 Shifts: <u>0800 - 1700</u> <u>1700 - 0800</u> 1 x Obstetric SMO on site on call (on site for handover 0800, 1700, and 2200h followed by ward rounds then on-call off-site; enact step down plan in case of RMO unplanned leave so LPS required to backfill SMO if steps down.) 1 x Obstetric Physician SMO on-call off-site (on duty for 0800 rounds then on-call off-site)	LBS/maternity 2 Shifts: <u>0800 - 1700</u> <u>1700 - 0800</u> 1 x Obstetric SMO on site on call (on site for handover 0800, 1700, and 2200h followed by ward rounds then on-call off-site; enact step down plan in case of RMO unplanned leave so LPS required to backfill SMO if steps down.) 1 x Obstetric Physician SMO on-call off-site (on duty for 0800 rounds then on-call off-site)
Ward 96 ACH	4 beds	4						
Ward 98 ACH	23 beds	21						
Labour and Birth Suite/MCCA ACH	14 women having babies (includes women who have a self-employed LMC) + 2 MCCA beds							

Fertility Plus Greenlane	12 clinic outpatient appointments 10 scans 4 embryo replacements 2 inseminations		1 SMO for time sensitive treatments			In cycle treatments	0800-1800 1 x SMO on-call off-site, available within 20 minutes	0800-1800 1 x SMO on-call off-site, available within 20 minutes
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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

48 Hours Total Withdrawal of Labour (0001 23rd Sept – 2359 24th Sept)								
Directorate Department / Service	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	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
Ward 83 Neurosurgery ACH	36 - 15 HDU Beds in 2 x locations (5+10) & 18 Ward beds	36- 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 6 x SMOs, including 1 acute	9 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	Nil LPS required	Nil LPS required

Ward 74 ORLHNS ACH	27 patients	27 patients 1 P1/CC time sensitive case for theatre	0001 – 0800 0800 – 1600 1600 - 2359 23/09/2025 2 x SMOs @ ACH OR day (1 acutes) 4 x SMOs @ ACH clinic am/pm 2 x SMOs @ GCC clinic am/pm (2 on leave) 24/09/2025 2 x SMOs @ ACH OR (1 acutes) 2 x SMOs @ ACH clinic am/pm 1 x SMO @GCC clinic am	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 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	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
Ward 74 OMS ACH	Included above	Included above	0001 – 0800 0800 – 1600 23/09/2025 1 x SMO @ MMH OR (acutes) Nil x SMO @ MMH OR (Planned care – SMO on leave) 24/09/2025 1 x SMO @MMH OR (acutes) 1 x SMO @GSU OR pm (Planned care)	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	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

Ward 74 HSD ACH	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	No LPS required
General Surgery and ASU 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 – 10 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 1 x SMO on-call off-site 0800 – 1800 1 x ASU SMO on duty 1 x ASU SMO on-call offsite 4 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	0001 – 0800 1 x SMO on-call off-site 0800 – 1800 1 x ASU SMO on duty 1 x ASU SMO on-call offsite 4 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
Wards 75/77 Orthopaedics 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	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 1800-2359 1 x SMO acute on call off site	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 1800-2359 1 x SMO acute on call off site
Regional acute service Lvl 8 Ward 73 Urology Greenlane clinical centre	35-40 inpatients total incl outliers 10 acute admissions 6-8 elective	35-40 inpatients total incl outliers 10 acute admissions	1 SMO on call 3 SMO elective theatres	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 on call offsite rostered to cover regional acutes 08:00-16:30 1 x SMO on duty acute/post op ward round, P1/CC time sensitive theatre case meeting LPS	00:01-23:59 1 x SMO on call offsite rostered to cover regional acutes 08:00-16:30 1 x SMO on duty acute/post op ward round, P1/CC time sensitive theatre case meeting LPS 1630 - 2359

	80 outpatients	1-2 P1/CC time sensitive cases for theatre	4 SMOs clinic			P1/CC time sensitive cases for theatre	1630 - 2359 1 x SMO on call offsite rostered to cover regional acutes	1 x SMO on call offsite rostered to cover regional acutes
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Ophthalmology

48 Hours Total Withdrawal of Labour (00:01 23rd Sept – 23:59 24th Sept)								
Directorate Department / Service	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	SMO staff on core roster for strike day as at date notice issued	Other staff available who are appropriately trained to undertake patient management/ suppo rt	Non- Union/no n 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
<p>Ophthalmology</p> <p>Greenlane Surgical Unit</p> <p>Totara Ward/ Surgical suites GSU, Waitakere</p>	<p>Ward bed 24 Ophthalmology and elective surgery</p> <p>Day stay – 20- 30 patients</p> <p>EEC moves to Totara ward 18.30hrs (after hours)</p>	<p>Ward bed 24 – ophthalmology and elective surgery</p> <p>1 x Corneal transplant LPS</p>	<p>0001-2359</p> <p>4 SMOs at GSU/Totara Ward</p> <p>1 SMO at Waitakere</p>	RMOs, Fellows	Unknown – presumed none	<p>On average six acute Ophthalmology patients per 24-hour period requiring therapeutic/surgical interventions without which permanent disability will occur to avoid vision loss</p> <p>P1/CC time sensitive theatre cases with threat to vision loss</p> <p>Corneal tissue transplant x 1 in theatre with time sensitive tissue available – large current backlog due to tissue availability. Out of town Maori patient.</p>	<p><u>0001-2359</u></p> <p>2 x SMOs on call offsite - One VR and One Genera</p>	<p><u>0001-2359</u></p> <p>2 x SMOs on call offsite - One VR and One Genera</p>
<p>Ophthalmology</p> <p>Greenlane Clinical Centre</p> <p>Regional Emergency Eye Clinic</p>	50-60 (as per average from recent admissions)	50-60 Patients on average	<p>0001-2359</p> <p>1 SMO</p>	RMOs, Fellows	Unknown – presumed none	<p>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</p>	<p><u>0800-1700</u></p> <p>1 x acute SMO on duty on site</p>	<p><u>0800-1700</u></p> <p>1 x acute SMO on duty on site</p>

Ophthalmology GCC and Waitakere outpatient clinic	360 patients	60 patients	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 outpatients clinic	<u>0800-1700</u> 2 x SMOs Medical Retina on duty outpatients clinic
Ward 71 Surgical, Intra - abdominal Transplant ACH Ward 73 renal donor (beds in Ward 73 Urology row)	24 beds	24 beds	0000-0700 0700-1700 1700-2359 1 x Hepatologist 1 x Renal Physician ward rounds and clinics Planned live donor transplant list on 24/09 1 x donor surgeon on duty 24/09 1 x transplant surgeon on duty 24/09	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	<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	1	1	0000-0700 0700-1700 1700-2359 2 x SMO Liver transplant on call	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	<u>0000-0700</u> 2 x SMO on call off site (one paed, one adult) 1 x SMO donor surgeon on call off site <u>0700-1700</u>

			<p>off site (one paed, one adult)</p> <p>1 x SMO donor surgeon on call off site</p> <p>2 SMOs Liver transplant for outpatient clinics</p>				<p><u>0700-1700</u></p> <p>2 x SMO on call on site (one paed, one adult)</p> <p>1 x SMO donor surgeon on call off site</p> <p><u>1700- 2359</u></p> <p>2 x SMO on call off site (one paed, one adult)</p> <p>1 x SMO donor surgeon on call off site</p>	<p>2 x SMO on call on site (one paed, one adult)</p> <p>1 x SMO donor surgeon on call off site</p> <p><u>1700- 2359</u></p> <p>2 x SMO on call off site (one paed, one adult)</p> <p>1 x SMO donor surgeon on call off site</p>
<p>Surgical, Renal Transplant</p> <p>In line with the National transfer and retrieval plan</p>	1	1	<p>0000-2359</p> <p>1 x SMO Renal transplant on call off site</p>	RMOs	Unknown – presumed none	Deceased donor transplant	<p><u>0000-0700</u></p> <p>1 x SMO on call off site</p> <p><u>0700-1700</u></p> <p>1 x SMO on call on site</p> <p><u>0700-1700</u></p> <p>1 x SMO on call off site</p>	<p><u>0000-0700</u></p> <p>1 x SMO on call off site</p> <p><u>0700-1700</u></p> <p>1 x SMO on call on site</p> <p><u>0700-1700</u></p> <p>1 x SMO on call off site</p>
GCC outpatients	Thursday 1st May – clinic patient volumes	Nil	<p>0800-1800</p> <p>Included in outpatient numbers above</p>	RMOs	Unknown – presume none	Nil	Nil LPS required	Nil LPS required

Ward 75/77	4 inpatients	Nil	0000-2359	RMOs included in Orthopaedic and General Surgery numbers	One SMO non-union	Acute deterioration or theatre take back	0000-2359	0000-2359
Ward 76							1 x SMO on call off site	1 x SMO on call off site
Surgical – Sarcoma			2 SMOs 0800-1800 OR/Ward round			Ward round	<u>0800-1000</u>	<u>0800-1000</u>
Greenlane Clinical Centre							1 x SMO on duty till ward round finished	1 x SMO on duty till ward round finished

LPS – Radiology

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

48 Hours Total Withdrawal of Labour (0001 23rd Sept – 2359 24th Sept)								
Department / Service	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	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	0001 – 08:00 (on-call) 08:00 – 17:00 (shift) 16:30 – 23:59 (on-call) 35 SMOs 19 RMOs	(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 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 Vascular/Peripheral Intervention 00:01 – 08:00 – 1 x SMO on-call off-site 08:00 – 17:00 – 2x SMO on-call on-site
						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) Any other clinical condition that the treating clinician feels meets LPS criteria	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	

					<p>Vascular and Peripheral Intervention: Interventional:</p> <ul style="list-style-type: none">•Bleed Embolisation (GI, Tumour or other)•Drainages – Chest/Abdominal (Abscesses, Empyema, Sepsis)•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>Vascular/Peripheral Intervention</p> <p>00:01 – 08:00 – 1 x SMO on-call off-site</p> <p>08:00 – 17:00 – 2x SMO on-call on-site</p> <p>16:30 – 23:59 – 1 x SMO on-call off site</p>	<p>16:30 – 23:59 – 1 x SMO on-call off site</p> <p>Neuro Diagnostic</p> <p>00:01 – 08:00 – 1 x SMO on-call off-site</p> <p>08:00 – 17:00 – 1 x SMO on-call on-site</p> <p>16:30 – 23:59 – 1x SMO on-call off site</p> <p>Body/MSK</p>
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						<p>Diagnostic (MRI, CT, USS & Plain Film):</p> <ul style="list-style-type: none"> • Major trauma • Cardiac Arrest • Myocardial Infarction • Undifferentiated chest pain • Abdominal pain • Headache • Pulmonary Emboli • Pneumothorax • Severe Asthma • Aortic dissection • Acute Pulmonary Oedema • Aortic Aneurysm or other • Vascular emergency • Sepsis • Pneumonia • Spinal infection • Epidural abscess • Meningitis/encephalitis • Abdominal obstruction • Abdominal pain in patients > 50 years • Acutely unwell pregnant person • Altered level of consciousness • Stroke • Subarachnoid haemorrhage • Cord compression • Altered level of consciousness • Stroke • Subarachnoid haemorrhage • Cord compression • Limb threatening injury e.g. • Dislocation (all joints) • Injuries with potential neurovascular compromise • Patient requires procedural sedation /local anaesthetic to correct deformity e.g. Ankle fracture, Coles fracture and other displaced fracture • Trauma • Head injury, facial injury, mandible fracture/dislocation, cervical spine injury, spinal fractures, long bone fractures, compound fractures, • foreign body in wound • Any other clinical condition that the treating clinician feels meets LPS criteria 	<p>Neuro Diagnostic</p> <p>00:01 – 08:00 – 1 x SMO on-call off-site</p> <p>08:00 – 17:00 – 1 x SMO on-call on-site</p> <p>16:30 – 23:59 – 1x SMO on-call off site</p> <p>Body/MSK</p> <p>00:01 – 08:00 – 1 X SMO on-call off-site</p> <p>08:00 – 17:00 – 1 X SMO on-call on-site – Body</p> <p>08:00 – 17:00 – 1 x SMO on-call on-site – MSK</p> <p>16:30 – 23:59 – 1 x SMO on-call off site</p>	<p>00:01 – 08:00 – 1 X SMO on-call off-site</p> <p>08:00 – 17:00 – 1 X SMO on-call on-site – Body</p> <p>08:00 – 17:00 – 1 x SMO on-call on-site – MSK</p> <p>16:30 – 23:59 – 1 x SMO on-call off site</p> <p>SSH Diagnostic</p> <p>00:01 – 08:00 – 1 x SMO on-call off-site</p> <p>08:00 – 17:00 – 1 x SMO on-call off-site</p> <p>16:30 – 23:59 – 1x SMO on-call off site</p> <p>SSH Intervention</p> <p>00:01 – 23:59 – 1 x SMO on-call off-site</p>
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<p>Radiology Paediatrics</p> <p>SSH</p>	<p>MR 10 patients CT 10-15 patients IR 0-3 patients US 20-25 patients Plain Film 125 patients Fluoro 2-5 patients</p>	<p>MR 0-3 patients CT 1-10 patient IR 0 – 2 patients US 3-12 patients Plain Film 0 – 25 patients Fluoro 0-1 patients</p>	<p>0001 – 08:00 (on-call) 08:00 – 17:00 (shift) 16:30 – 23:59 (on-call)</p>	<p>(2 RN)</p>	<p>3 RMOs 0 non-union SMOs ? non-striking SMOs</p>	<ul style="list-style-type: none"> • 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. • Trauma presentations including – major trauma, head injury facial injury, chest / aortic injury, abdominal / pelvic injury, significant limb bone fractures, joint dislocation, Non accidental Injury (NAI) • Acute respiratory presentations or deterioration including – pneumonia, respiratory distress or failure, severe asthma, aspiration, Pneumothorax, foreign body in airway / oesophagus • Acute cardiac presentations or deterioration including – LVF / cardiogenic shock, new diagnosis childhood heart disease, acute deterioration childhood heart disease, SVC obstruction • Spinal cord impairment including – spinal fractures, infection, acute spinal cord disease or spinal cord compression • Acute neurological presentation or deterioration including - sub arachnoid haemorrhage, acute confusional state / altered GCS Cerebro vascular accident, headache, acute neurological deterioration, new onset / acute focal neurological deficit • Acute central and PICC Line placement or other vascular access • Mediastinal masses, pulmonary embolus • Abdominal obstruction, perforation or sepsis • Osteomyelitis/septic arthritis with systemic symptoms • Interventional: • Sepsis - ? drain • Appendicitis • Nephrostomy • Cholecystostomy • Oncology Biopsy – emergent life threatening emergencies • Any other condition where to not obtain imaging may result in patient, harm, disability or death 	<p>SSH Diagnostic 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 – 1x SMO on-call off site</p> <p>SSH Intervention 00:01 – 23:59 – 1 x SMO on-call off-site</p>	
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