

# Te Whatu Ora Counties Manukau - Life Preserving Service (LPS) Requirements based on high level plan evaluation for the 24-hour industrial action on the 23<sup>rd</sup> September 00:01 to 24<sup>th</sup> September 23:59

**Approved By:** Geoff Green, Acting Chief Medical Officer

**Approved By:** Jeremy Dryden, Clinical Director, ACaCS

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

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

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

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ARHOP	Gen Rehab	28 bed ward with approximately 1-2 admissions daily	Likely nil between 0000 and 0800.  Likely 1-2 admissions and 1-2 discharges between 0700-1600	1 SMO (1 SMO on leave) 2 RMO 2 HOs	None	union membership	<b>23/09 0001- 0800 LPS</b> by Gen Med <b>23/09 0800-1600:</b> 1 SMO on site on call <b>1600 (23/09)-0800 (24/09)</b> LPS provided by Gen Med <b>24/09 0001- 0800 LPS</b> by Gen Med <b>24/09 0800-1600:</b> 1 SMO on site on call <b>1600(24/09)-2359(24/09)</b> LPS provided by Gen med	Ward 23 - any planned clinics will be cancelled / rescheduled.  Afterhours cover usually provided by Gen Med
	Stroke	19-20 patients in bed average occupancy.  Likely 6 admissions daily and 5-8 code strokes in a 48 hour period.	Unpredictable due to nature of Code Stroke.  As per normal volumes.	5 SMOs (1 SMO on rostered leave)  3 RMO  2 HOs	None	Unknown union membership	<b>23/09 0001-0800</b> Gen Med to provide LPS cover <b>23/09 0800-1600:</b> 1 x SMO on site for code stroke <b>23/09 0800-1200:</b> 1 x SMO on site post –acute ward rounds and any urgent TIA patients. <b>1600 (23/09)-0800 (24/09)</b> LPS provided by Gen Med <b>24/09 0800-1600:</b> 1x SMO on site for code stroke <b>24/09 0800-1200:</b> 1x SMO on site post-acute ward rounds and any urgent TIA <b>1600(24/09)-2359(24/09)</b> LPS provided by Gen med	<i>Out of hours (0000 – 0800 + 1600-2359) – Gen Med to provide LPS as per BAU with clot retrieval/thrombolysis decisions to be diverted to ACH as per standard out-of-hours response.</i>  First SMO 0800-1600 - provide cover for code stroke and acutely unwell patients  Second SMO 0800-1200 - provide post-acute ward round (PAWR)  All planned care cancelled.  TIA service LPS for urgent P1 referrals that need to be seen within 24 hours.

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ARHOP	Spinal	20 bed occupancy anticipated for notice period	1-2 admissions and discharges anticipated.	1 SMO  1 RMO  1 HO	None	Union member	<p><b>23/09 - 0000-0800</b> Covered by Spinal on call roster - (1 SMO 2nd on call offsite).  <b>23/09 - 0800-1630</b> 1 SMO (onsite on-call) for LPS  <b>23/09 - 1630-2359</b> Covered by Spinal on call roster 1 SMO (from Gen Rehab) 2nd on call offsite  All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</p> <p><b>24/09 - 0000-0800</b> Covered by Spinal on call roster - (1 SMO 2nd on call offsite).  <b>24/09 - 0800-1630</b> 1 SMO (onsite on-call) for LPS  <b>24/09 - 1630-2359</b> Covered by Spinal on call roster 1 SMO (from Gen Rehab) 2nd on call offsite  All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</p>	<p>Spinal - is a subacute service. Therefore, strike will impact on ward rounds, referrals management, and acute medical review.</p> <p><i>After hours roster. ASRU manage their own afterhours on call roster independent of general medicine. 2nd on call support is required across all roster shifts. On Call SMO availability for supervisory support and if clinical circumstances exceed capability of resident staff.</i></p>
	Spinal Urology / Outpatient service	Outpatient service	Triage / Onsite ASRU clinics	2 SMO	None	Union member/s	N/A – planned care	Triage to be postponed / delayed – risk to high priority concerns from community. Planned care to be cancelled / postponed for day.
	Health of Older People	Ward 4: occupancy expected of 28	Admissions variable depending on	6 SMO (2 per ward, 1 per ward)	None	Unknown union membership	Wards 4, 5 and 24 are to be covered by standard roster of RMO/s and House officers.	For HOP, planned clinics will be cancelled or rescheduled.

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ARHOP		<p>beds due to operating 2 x escalation beds</p> <p><b>Ward 5:</b> occupancy expected of 28 beds due to operating 2 x escalation beds</p> <p><b>Ward 24:</b> occupancy expected of 20 beds.</p>	<p>referrals and demand (daily admissions average 6+ across all wards in total), can plan around LPS timeframes</p>	<p>team, 2 teams per ward)</p>			<p><b>23/9/25, 0001-0800:</b> LPS by Gen Med</p> <p><b>23/9/25, 0800-1200:</b> Ward 4 1x SMO PAWR* Ward 5 1x SMO PAWR Ward 24 1x SMO PAWR</p> <p><b>23/9/25, 1200 – 1600:</b> 1 SMO for LPS to cover 3 wards (on call on site).</p> <p><b>23/9/25, 1600 – 2200:</b> 1 SMO for LPS to cover 3 wards (on call off site).</p> <p><b>23-24/9/25, 2200 – 0800:</b> Covered by Gen Med. <b>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</b></p> <p><b>24/9/25, 0800-1200:</b> Ward 4 1x SMO PAWR* Ward 5 1x SMO PAWR Ward 24 1x SMO PAWR</p> <p><b>24/9/25, 1200 – 1600:</b> 1 SMO for LPS to cover 3 wards (on call on site).</p>	<p>All community services will shut for the period of the strike, no ward referrals and no EDGS service cover during the strike period.</p> <p>* post-acute ward round (PAWR)</p>

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							<p><b>24/9/25, 1600 – 2200:</b> 1 SMO for LPS to cover 3 wards (on call off site).</p> <p><b>24/9/25, 2200 – 2359:</b> Covered by Gen Med.</p> <p>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</p>	

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Acute Critical and Central Services	Emergency Department, Middlemore Hospital	~380 – 420 ED Presentations	25-50 TC 1 & 2	<b>Night shift</b> (12am – 8am) 1 x SMO/MOSS on site on duty  <b>Day Shift</b> 8am – 12noon 7 x SMO SMO cover 24/7  <b>Afternoon shift</b> includes 4pm up to 2am 5 x SMOs, 1 x MOSS on-site & on-duty	<b>Night Shift</b> Registrar 2 HO 2  <b>Day Shift</b> Registrar 4 HO's 3	RMOs Nurse Practitioners, CNS and RN roles across the ED	<b>Night shift:</b> 1 x SMO/MOSS Night shift on site and on duty Midnight - 0800, 1x SMO on call from 2am – 0800hrs <b>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</b>  <b>Day shift:</b> 5 SMOs on site and on duty.  Nil escalation trigger for the number of SMO's onsite and on duty during this time <b>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</b>  <b>Afternoon Shift</b> (1600 – 2am) 5 x SMOs <b>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</b>	Provision of acute emergency care.	Due to the demand and acuity of the Emergency Department a minimum of 5 SMOs must be on duty and on site to support Life Preserving Services.
	<ul style="list-style-type: none"> <li>Average Occupancy in ED over 24 hours in 2024: 118% (170 patients across a department with 144 beds, adults and paedts).</li> <li>10% of all ED presentations to Middlemore are Triage Category 1 or 2.</li> </ul>			<ul style="list-style-type: none"> <li>The ED has 6 resus rooms, 10 monitored spaces and 25 Adult Assessment, 3 paedts monitored, 9 paedts assessment beds. In addition to waiting room patients in paedts and adults that can have undifferentiated clinical risk with patients waiting to be seen.</li> </ul>					

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	<b>Critical Care Complex</b>  SMO led service ICU/HDU/PAR  25 bed unit  radiology intervention on another floor –  Ventilated patients to and from theatre  0800-1800 * 3 N/Clinical on site working that respond in emergencies rostered.	Resourced for 20 beds daily in the unit including providing support for referral services including: intervention al radiology, deteriorating patient & medical emergencies for inpatients through hospital	16 -20 inpatients	08:00-08:00	1 ICU SMO	No one Fellows, Moss, RMO are supervised by Intensivists	00:00 – 23:59 1 on site on duty	CCC (ICU & HDU) 25 bed unit providing 24/7 LPS services – led by Intensivist rostered to work on site 24/7  Patients in Critical Care are receiving either life support via ventilation and or life-preserving services to patients that cannot be managed on the wards. Patients requiring ventilation, management of trauma, burns, requiring NIV, complex infusions, or interventions, including paediatric, medical emergencies, referrals of deteriorating patients, and patient escorts requiring ventilation support.  Reviews deteriorating patients on ward and ED with view to admit to CCC if needing airway support including invasive and non-invasive ventilation support.	
				0800-1200	1 ICU SMO handover from night before		08:00-18:00 1 on site on call  All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.		
				0800-1800 n/clinical respond to emergencies * 3 rostered					
				0800-1800	1 HDU SMO	No one Fellows, Moss, RMO are supervised by Intensivists	08:00 – 18:00 1 on site on duty  All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.		
				0800-1800	1 SMO Referrals	No one Fellows, Moss, RMO are supervised by Intensivists	08:00 – 18:00 1 on site on duty  All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.		

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						NP maintain their own workload			
Central Clinical Services	Pathology							All services: On-call - SMO availability if clinical circumstances exceed capability of resident staff. Availability within 30 minutes.	
	Anatomical Pathology	0800-1700		RMOs on site both days			No LPS		Acute on call – in case of requirement during surgery and unsuspected malignancy Acute Frozen Section only
	Microbiology	0001-1159		No RMO			1 SMO off site on call		Acute on call Where senior scientist required time-critical clinical liaison, e.g., intracellular bacteria on blood film; abnormal CSF
	Biochemistry	0001 - 1159		1 RMO both days on site			1 SMO off site on call		In event of major issue with Lab equipment
Haematology		See Medicine: Haematology							
Radiology									
	ED CT/ General CT	80		10	0001 – 0800 1 SMO on call	Usual daytime allocation of RMO/MR	1 RMO  12 RMOs	0001 – 0800 & 1700-2400 1 Diagnostic SMO off site on call  0800 – 1700	To attend any Urgent/Acute calls



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				0800-1700 8 SMOs  1700 – 2400 1 SMO on-call	T/ PCA / Nursing staff present.	1 RMO	2 Diagnostic SMOs on duty onsite	To undertake any Urgent/Acute SMO-supervised scans in ED CT and MRI.	
	MRI	28		1 0800 – 1700 5 SMOs	Usual daytime allocation of MRT/ PCA / Nursing staff present	NIL			
	Ultrasound MMH	60		5 0800 – 1700 6 SMOs	Usual daytime allocation of RMO/sonographers / PCA / Nursing staff present. Senior	1 RMO			

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					RMO will be available for US reporting				
	Interventional Screening Rooms		2	0001 – 0800 1700 - 2400		NIL	1 Interventional SMO off site on call 24hrs	Interventional Radiology to operate as per weekend schedule. 1 SMO available offsite 24 hours to attend any urgent calls or acute cases such as nephrostomy, trauma/bleeding and angio cases.	
	Interventional CT		1	1 SMO on call  0800 – 1700 2 SMOs					
Cancer Screening Services	Breast Screen & Assessment Clinics	No LPS required							Clinics to be cancelled

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Community	Hospital in the Home	Patients in virtual ward	Averaging around 50 patients per day	1 SMO  1 House officer	23/9 2 Nurse Practitioner  24/9 2 Nurse Practitioner		1 HiTH SMO on call off site for NP escalation	Hospital in the home supports acute flow from the hospital and hospital avoidance. These patients are acutely unwell requiring hospital level care and monitoring. At high risk of deterioration and poor outcomes if needs not met.
	CHS North and South	Patients open to the community team 36,612	2 Home Visits  Review 6 community patients MDT	1 SMO	1 Nurse Practitioner		Nil request	
	Community wards  Transitional Care (ACC NARP)	Patients in virtual ward physically located in ARC facilities	15	0.2 SMO for week  0.2 FTE (works Thursday) SMO	1x GP  1x Nurse practitioner  REAICH team (PT/OT)		Nil request Managed by NP Community wards will escalate to the GP  Nil requested	

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Kidz First	Inpatients	Average of 35 <b>medical inpatients</b> patients in 24 hours	We are likely to have at least 35 - 45 Medical inpatients during this period	0800–1600: 2 SMOs 2 registrars 2 –3 HOs  1600–0000: Ward covered by RMO allocation as per ED below.	Ward compliment of RNs, HCAs, registrars and HOs	One non-union SMO doing on-call 1630 22/9 - 0800 23/9	0001-0800  1 SMO on-call  0800-1630  2 SMOs on ward  1 SMO in ED  1630-0001  1 SMO on-call  <b>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</b>	The LPS request represents acute care requirements for a 7 day per week roster (including weekends). The ward round cannot be managed by one SMO alone due to volume and complexity.       It also recognises registrar vacancies and lack of seniority of our RMOs
	Paediatric ED	ED patient volumes are around 90 per 24 hours	We are likely to have 20 - 40 patients in ED during this period	0800–1600: 1 SMO 1 registrar 0800–1600 1 registrar 1230-2300 1 HO 0800–1600  1600-0000: 1 SMO on call 1600-0800 2 registrars 1600–0000 1 registrar 1230–2300 (as above)  0000– 0800: 1 SMO on call (as above)	Compliment of RNs, HCAs, registrars and HOs	TBD   As above: One non-union SMO doing on-call 1630 22/9 - 0800 23/9	0001-0800  1 Paediatric SMO on-call (as above)  0800-1630  1 Paediatric SMO	

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				1 registrar 1 HO			1630-0001  1 SMO on-call  All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.	
	Neonatal	40-48 patients	The current volumes over the last few weeks have been 48 – 54 babies	08.00-1630:  2 SMO's  5 registrars or NPs   1630-0800:  1 SMO on call  2 registrars or NPs	Senior nurses, registrars, nurse practitioners, RNs, HCAs	TBD	0001-0800  1 SMO on-call  0800-1630  2 SMOs on site  1630-0001  1 SMO on-call  All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.	1 SMO for NICU and 1 SMO for SCBU/PNW during day. 1 SMO on-call as per normal roster on night shift   NICU provides intensive care, and SCBU can have high complexity

Medicine (All services)	Reduce clinic times Reduce endoscopy list times		0800 - 1200	RMO to take GP referrals.		One each per SMO on call for General Medicine and all medical specialities (5 in all - must be able to come in for acute procedure or critically unwell patient with immediately life-threatening disease) <b>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</b>	Where an acute procedure is underway at the commencement of the strike, we would ask that the SMOs performing the procedure remain as LPS.
	Cancel SMO clinics and procedures		0001-0800 0800-1200		Gastro	1 SMO On-call (0001-0800)  1 SMO On site for ward and endoscopy (0800-1600)  1 SMO On-call (1600-0800) <b>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</b>	Acute on call especially for clinical advice and approval of treatment of coagulation disturbance

Renal	Cancel clinics and procedures		0001-0800 0800-1600 1600-0001		Renal 0800-1600-SMO On-call Ward 1 0800-1600-SMO on call back up outliers  1600-0000 SMO on call off site 0001-0800 SMO on call off site	1 SMO On-call (0000 – 2359) <b>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</b>	
	245 patients Clinics cancelled	60-70 patients	0000-2359  0800-1600  0800- 1600		General Medicine	1 SMO on call (00:01-23:59) for admission support  6 SMO PAWR inpatient ward. On site 08:00-16:30  1 SMO MAU (0800-1600) covering acute presentations  <b>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs</b>	
	Cancel Clinics and procedures 8 inpatient beds	8 x inpatients 5 Haem Day Stay	00:01-08:00  0800-16:30  16:30-2400	RMO take GP referrals and discuss with SMO on call as needed.	Haematology. Both days.	1 SMO on call 00:01 – 08:00  1 SMO on site 08:00-16:30  1 SMO on call 16:30-24:00	

		4 patients	00:01-08:00  0800-16:30  16:30-2400	CNS x 3	Palliative Care	1 SMO on call 00:00 – 08:00  1 SMO on site 08:00-16:30  1 SMO on call 16:30-24:00	
<b>Cardiology</b>	Cancel clinics and procedures (including registrar and NP clinics)	~80 patients from clinics  2-4 patient slots for TOE  20-25 patients in the Cath Lab  ~50 referrals/a dvice daily  ~60-70 ECHOs daily	<b>0001-0800:</b> TBC <b>0800-1800:</b> 1 SMO (CCU) 1 SMO (Ward 2 SMO) 1 SMO Cath Lab 1 (0800-1600) 1 SMO Cath Lab 2 (0800 – 1600) 1 SMO referrals 1 SMO CT scans 1 SMO TOE and TTE 1 SMO reporting: AM 1 SMO reporting -PM <b>Tues 23 Sept</b> 3 SMO Clinic-AM 5 SMOs Clinic-PM <b>Wed 24 Sept</b> 1 SMO Clinic – AM 3 SMO Clinic - PM <b>1800-0800:</b> 1 SMO (Cardiology Call overnight, both days)	RMO to take GP calls Escalation can occur as required for LPS	Cardiology	1 SMO PAWR Ward 2 1 SMO PAWR CCU 1 Catheter Lab SMO on duty (LPS provision Catheter Lab) (0800 – 1600) 1 SMO on call from home for TOE procedures (0800 – 1600) 1 SMO on call overnight 0001 – 0800, 0800 - 1600 & 1600 – 0800 (and then 2359 on day 2 of the strike) <b>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs</b>	



	Cancel SMO clinics and procedures		0001-0800 0800-1200	RMO take GP referrals and discuss with SMO on call as needed.	Respiratory	1 SMO on site 0800-1600, both days 1 SMO On-call (1600-0800), both days <i>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</i>	
	Cancel clinics and procedures		0001-1200		Infectious Diseases	<ul style="list-style-type: none"> <li>• 0001-0800hrs, SMO on call after -hours</li> <li>• 0800-1600hrs, SMO available for SMO level calls, primarily via ID registrars</li> <li>• 1600-0001hrs, 1 SMO available on-call after hours</li> </ul> <i>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</i>	
	Cancel SMO and RMO supervised Clinics		0800-1600		Dermatology	Nil LPS	
	Cancel SMO and RMO supervised Clinics		0800-1600		Diabetes	Nil LPS	
	Cancel SMO Clinics		0800-1600	RMO Clinic Continues– supervised by review the day before. Further SMO review the following day.	Endocrinology	Nil LPS	
	Cancel SMO and RMO supervised Clinics		0800-1600		Rheumatology	Nil LPS	

	Cancel SMO Clinics		0800-1600		Te Mana Ki Tua	Nil LPS	
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<b>Mental Health</b>	Integrated North Community Mon-Fri service 8-5pm (2 teams – Matariki at Otahuhu & Te Rawhiti at Highland Park)	Cancel clinics and routine appointments that require SMO input	Unpredictable – likely to be 1-4 per team	Tues: 7 SMO 1 RMO  Wed: 7 SMO 2 RMO	Nursing, NP and AH staff	Matariki: SMO not confirmed Tues:1 RMO Wed: 2 RMO  Te Rawhiti: 1 MOSS	LPS – 1 SMO offsite within 25 minutes  <b>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</b>	On-call off site - SMO availability if clinical circumstances exceed capability of staff/ NP. Also need to undertake Mental Health Act processes. (sections which only consultant can do).
	Integrated South Community Mon-Fri service 8-5pm (3 teams – Manukau, Papakura & Pukekohe)	Cancel clinics and routine appointments that require SMO input	Unpredictable – likely to be 1-4 per team	Tues: 8 SMO  Wed: 6 SMO	Manukau: 1xNP, Nursing, and AH staff  Ngaa Raukohekohe. (Pukekohe) Nursing, and AH staff  Rapura te Ao Waiora (Papakura) 1 NP, Nursing and AH staff	0 SMO  Tues 2 SMO Wed 1 SMO  Tuesday: 1 SMO (overseas locum)	Not required	
	RDDS Mon-Fri service, 8am – 5pm based at Lambie Drive, Manukau	Cancel clinics and routine appointments that require SMO input	2	Tues: 1 SMO, 1 RMO  Wed: 2 SMO and 1x RMO at teaching	Nursing and AH staff	1x RMO		
	ICT (Intensive Community Team) based at Lambie Drive, Manukau (* also linking	Cancel clinics and routine appointments that require SMO input	2-5	Tues: 3 SMOs, 1 RMO.  Wed: 3 SMOs and 1x RMO at teaching	Nursing and AH staff	1xRMO SMO not confirmed	LPS - 1 SMO offsite within 25 mins (this request links to Tamaki Oranga – 1 SMO to cover both sites) <b>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</b>	On-call off site - SMO availability if clinical circumstances exceed capability of staff. This is Counties wide assertive outreach team, clients with significant complexity and

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	with Tamaki Oranga Recovery Centre)							high-risk profiles. Also need to undertake Mental Health Act processes. (sections which only consultant can do).
	CAMHS North (Taunaki) Mon-Fri service 8-5pm	Cancel clinics and routine appointments that require SMO input	Unpredictable – likely to be 2 -6	1 SMO (Paed) 1 RMO	Nursing, NP and AH staff	1xRMO and cover from SMO working in Mauri Oho.	See below	
	CAMHS South (Te Puawaitanga) Mon-Fri service 8-5pm	Cancel clinics and routine appointments that require SMO input	Unpredictable – likely to be 3 -8	1.5 SMO 1 RMO	Nursing and AH staff	1xSMO 1 RMO		
	CAMHS Mauri Oho Intake & Acute Mon-Fri Service 8-5pm (Based East Tamaki)	Prioritise acute response and urgent referrals	Unpredictable – likely to be 3 -8	1 SMO	Nursing and AH staff	1 SMO	LPS 1 SMO on duty working covering Mauri Oho and 2 community teams for urgents (Taunaki and Mauri Oho)  Currently covered but identifying as LPS as critical service <b>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</b>	Crisis Ax and management of acute psychiatric presentations for children and adolescents living across Counties catchment.. Need to complete Mental Health Act processes. Also need to respond to presentations to ED and admissions to CFU.
	Maternal & Infant MH Mon-Fri service 8-5pm	Cancel clinics and routine appointments that require SMO input	2-3	Tues: both SMOs on leave/RDO.  Wed: 1 SMO	Nursing and AH staff	SMO not confirmed	LPS 1 SMO on-call off site within 25 minutes	On-call off site - SMO availability if clinical circumstances exceed capability of staff. Response to Mental Health Act

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	EPIT Mon-Fri service 8-5pm	Cancel clinics and routine appointments that require SMO input	2-3	Tues: 1 RMO (SMO on leave)  Wed: 1 NP (SMO on leave and RMO at teaching)	Tues: Nursing, and AH staff Wed: Nursing, NP and AH staff	1 RMO	All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.	processes. Availability within 25 minutes. Covering 4 sub-speciality teams which serve Counties Manukau catchment area.
	Youth Forensics (Mon-Fri service 8-5pm)	Cancel clinics and routine appointments that require SMO input	3	1 SMO	Nursing and AH staff	SMO not confirmed		
	MHSOP IPU	14 beds	Unpredictable – likely to be 3 - 8	1 SMO, 1 RMO (AL), 1 HO	Nursing and AH staff	1 HO SMO not confirmed	LPS 1 SMO on duty working  All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.	Acute Inpatient care SMO required to oversee admissions/ discharges, acute behavioural concerns.
	MHSOP Community (2 teams covering Counties Catchment area) Mon-Fri service 8-5pm	Cancel clinics and routine appointments that require SMO input	2 -3	1 SMO, 1 RMO,  Note: We have 2 SMOs on planned leave.	Nursing and AH staff	1 RMO SMO not confirmed	LPS 1 SMO on call off site within 25 min  All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.	SMO availability if clinical circumstances exceed capability of staff. Response to Mental Health Act processes. This LPS will cover total caseload of 416 MH older people across Counties catchment area. Availability within 25 minutes.
	ED Intake 8am – 5pm (after hrs covered below under MH Intake)	Varies – 2-10 patients	2-10	1 SMO (currently vacant – CH was going to cover)	3 RN/ AH, NP, Peer Support		LPS 1 SMO on duty working  All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.	Crisis Ax and management of acute psychiatric presentations to ED. Need to complete Mental Health Act processes. Also need to respond to impact from

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								Police Programme of Change impacting presentations to ED.
	MH Intake covering Counties Catchment area 8am - 5pm	Prioritise acute response & urgent referrals	5	Nil (Locum SMO on leave) & other positions vacant	5 RN/ AH	Tuesday: 1 SMO (redeployed from Papakura team – overseas locum)  Wed: 1 SMO (redeployed from Papakura team – overseas locum)	Tuesday: 1 SMO on duty and 1 SMO on call off site available within 25 min  Currently duty covered but identifying as LPS as critical service for both days  Wed: 1 SMO on duty and 1 SMO on call off site available within 25 min	Crisis Ax and management of acute psychiatric presentations to police and community On-call off site - SMO availability if clinical circumstances exceed capability of clinical staff/ RMO. Need to complete Mental Health Act processes. Availability within 25 minutes.
	After Hours period (cover for entire MH&A services)	Variable – between 5-10  5-8 (from 1700 – 2359)	Variable: 2-4 (for 0001 – 0830 hrs) 2-6 (for 1700 – 0830hrs) 2-4 (for 1700 – 2359hrs)  Variable: 2-4	After hrs on call roster covered by 1 SMO 1700 – 2200 x2 RMO on duty 2200 – 0830 x 1 RMO on duty  1700 – 2200 On Duty SMO I&AA	MH&A Nursing and AH staff working in ED  RMO, Nursing and AH staff	SMO not confirmed  SMO not confirmed 1 RMO	0001 – 0830 1700 – 0830 1700 – 2359 1 SMO on call off site, within 25 mins for each time period and in addition access to Regional CAMHS SMO on call off site within 25 mins  1700 – 2200: 1 SMO on duty  All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.	As per usual cover required for MH&A services after hrs on Call SMO.  Regional CAMHS On call SMO will be requested by other metro Districts.  On site, on-call - SMO availability if clinical circumstances exceed capability of clinical staff/ RMO. Due to complexity of acute presentations require easy access to SMO. Need

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								to complete Mental Health Act processes. This is to cover I&A and whole of service.
	HBT N	Prioritise acute response and acute referrals	5	0 (SMO on AL)	4 RN/ AH	Will be covered by SMO working in HBT S.	1 SMO on call off site to cover both teams	Crisis Ax and management of acute psychiatric whaiora who are home/ community based required daily follow up, Mental Health Act processes, admission to hospital/ respite facilities.
	HBT S	Prioritise acute response and acute referrals	5	1 SMO	4 RN/AH, RMO?	1 SMO 1 RMO	Currently duty covered but identifying as LPS as critical service for both days  All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.	
	Tamaki Oranga Recovery Centre	20 patients (may expect 1-2 acute psychiatric assessments required)	20 patients	1 SMO (locum)	Nursing and AH staff	Not confirmed (current locum on leave)	LPS – 1 SMO offsite within 25 mins to cover Tamaki Oranga and ICT  All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.	Inpatient care – unpredictable acute issues requiring medical review/ response
	Tiaho Mai N	26 patients	26 patients	2 SMOs, 1 RMO, 2 HOs	Nursing and AH staff	1 Locum SMO RMO and 2 x HO	1 SMO on duty Currently duty covered but identifying as LPS as critical service for both days  All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.	Acute inpatient care. Admissions/ discharges. Mental Health Act Seclusion/ care partner review
	Tiaho Mai S	26 patients	26 patients	3 SMOs, 2 HOs	Nursing and AH staff	1 locum SMO HO	1 SMO on duty Currently duty covered but identifying as LPS as critical service for both days  All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.	Acute inpatient care Admissions/ discharges. Mental Health Act Seclusion/ care partner review

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SAPS	Anaesthesia and Pain Medicine			Midnights to 0730	13 SMO Anaes Sup, Pain	RMOs and fellows		8 SMO on-site MMH plus 1 on call on-site MSC Plus 1 on-call at MMH off-site. Plus 1 for AM acute pain round on-site MMH <i>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</i>	Acute Theatre x 5 PLUS Acute obstetric theatre X1 Planned obsobstetrics x1 Supervising SMO Acute pain round AM – 1 SMO for 1 session.  2nd on-call cover as per weekend - 1 SMO for the 24 hrs. Currently only covered 5pm-8am on weekdays  1 on-call for MSC PCU – emergency response support for rostered RMO  <i>* If scope of emergency work is within remit of non-ASMS fellows, SMOs will be released.</i>
	General Surgery	Highly variable	2-4	Midnight to 0730		Set Reg, Jun Reg		1 SMO off site on call for 0001 - 0800  2 SMO post-acute rounds 0730 - 1230  1 SMO 0800 – 1700 off site on call  1 SMO 1700 – 2359 off site on call <i>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</i>	As due to volume of acute patients we always have 2 SMOs on the 24hrs preceding the strike and same 2 SMOs do post-acute round



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	<b>Orthopaedic Surgery</b>		4-6	Midnight to 0730  0730 to Midnight	2 SMO on call  7 SMO on site	Set Reg, Jun Reg		1 SMO off site on call from 0001 to 24:00 (general) on call  1 SMO on duty 0730 - 1230 (Post-acute round) - separate to above  1 SMO (spine) on call 24 hrs <b>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</b>	1 is spine, 1 is general orthopaedics. This is the minimum rostering (24/7 cover for both)
	<b>Plastic Surgery</b>	5	2	Midnight – 0730  0730 to Midnight	1x SMO, Set Reg, Jun Reg on acutes  3 x SMO on other elective duties	Set Reg, Jun Reg	SET Reg	1 SMO on call 24:00 1 SMO on duty 07:30 to 12:00 PAWR <b>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</b>	Acute Cover, required to cover on the day LPS clinical treatment 1 SMO for Hands, 1 x SMO for Burns, 1 x SMO for Plastic surgery
	<b>Hand Surgery</b>	10	2	Midnight – 0730  0730 to Midnight	1 x SMO, Set Reg, Jun Reg Hand fellow on duty only 07:00 to 17:00  2 x SMO on other elective activity	Set REG, Jun Reg	SET Reg	1 SMO on Call for 24 hours  1 SMO Duty 07:30 to 12:00 PAWR <b>All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.</b>	
	<b>Burn Surgery</b>	Very variable	1	Midnight – 0730	SMO, 1 x SET, 1 x non set	Set Reg, Jun Reg	SET Reg	1 SMO on call 1 SMO on duty 07:30 to 12:00 PAWR	

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				0730 to Midnight	2 x SMO on other elective activity			All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs.	
	ORL	Variable, but 3-4 per day	3-4	07:30-17:30	Tue X2 SMO all day (ZA, FH) X1 SMO PM only (AG) Wed X1 SMO AM only (ZA) X3 SMO all day (DM, SN, SL)	Fellow, Registrar, module 3 nursing staff	X1 fellow, x2 SET registrar and x1 non-SET registrar	1 SMO on duty on site from 08:00-16:00	Registrar will run acute clinics with SMO supervision. Escalation will either be our SMO or Auckland during normal ours and Auckland SMO afterhours
	Vascular	Highly variable	1	Midnight – 0730 0730 to Midnight	1 x SMO			1 SMO on 24 hrs call (same SMO on duty 07:30 to 12:00 for PAWR) All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs	Acute Cover, required to cover on the day LPS clinical treatment
	Urology	n/a	n/a	n/a				n/a	No LPS Required Acutes go to Auckland
	Ophthalmology	40	40	Afternoon 12-5pm	SMO x 1	N/A	SMO x1	1 SMO on duty on-site All shifts covered by non-union or volunteers of ASMS members to be LPS SMOs	LPS required for Avastin injection, only afternoon cover so will move morning injection to all afternoons (usually 20 pts per half day session) This request aligns with approval given for nursing support during NZNO strikes, recognising the risk of permanent disability.
On-call - SMO availability if clinical circumstances exceed capability of resident staff. Availability within 30 minutes.									

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Women's Health	Obstetrics	24 Deliveries  25 – 40 acute obstetric assessments	8	<u>23/09/2025:</u>  <u>0001 – 0800</u>  1 SMO on site LPS (shared between Ob's and Gynae)  Plus 1 SMO 2 <sup>nd</sup> on call off site  <u>0800 – 1700</u>  4 SMO's  <u>1700 – 2200</u>  1 SMO on site LPS (shared between Ob's and Gynae)	Nil RMO team unable to assume SMO responsibilities Midwifery team can support RMO team	Midwifery team Nursing team HCA team RMO team	<u>23/09/2025:</u>  <u>0001 – 0800</u>  1 SMO on site LPS (shared between Ob's and Gynae)  Plus 1 SMO 2 <sup>nd</sup> on call off site  <u>0800 – 1800</u>  1 obstetrician on site LPS (B&A)  <u>0800 – 1630</u>  1 SMO on site arranged high risk caesarean section list  <u>0800 – 1600</u>  1 SMO Maternity Assessment Clinic  <u>1800 - 2200</u>  1 SMO on call (shared between Obs & Gynae)  Plus 1 SMO 2 <sup>nd</sup> on call off site  <u>2200-2359</u>  1 SMO on call (shared between Obs & Gynae)	Managing Obstetric emergencies on B&A including category 1 LSCS, LPS for maternity wards.   Plus 1 on duty SMO to complete arranged high risk caesarean section list (time/gestation dependent and clinically indicated)   Plus 1 on duty SMO for Maternity Assessment Clinic – this is a high-risk surveillance clinic managing high-risk pregnancies

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							<u>0800 – 1630</u> 1 SMO on site arranged high risk caesarean section  <u>0800 – 1800</u> 1 SMO Maternity Assessment Clinic   <u>1800 - 2200</u> 1 SMO on call (shared between Obs & Gynae) Plus 1 SMO 2 <sup>nd</sup> on call off site   <u>2200-2359</u> 1 SMO on call (shared between Obs & Gynae) Plus 1 SMO 2 <sup>nd</sup> on call off site	

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				24/09/2025:				

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				<u>0000 – 0800</u>  1 SMO on site LPS (shared between Ob's and Gynae)  Plus 1 SMO 2 <sup>nd</sup> on call off site  <u>0800 – 1700</u>  4 SMO's  <u>1700 – 2200</u>  1 SMO on site LPS (shared between Ob's and Gynae)  Plus 1 SMO 2 <sup>nd</sup> on call off site				

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				<u>2200 – 2359</u>  1 SMO on site LPS (shared between Ob's and Gynae)  Plus 1 SMO 2 <sup>nd</sup> on call off site				
	Gynaecology	8 – 10 acute admissions	4	<u>23/09/2025:</u>  <u>0001 – 0800</u>  1 SMO on site LPS (shared between Ob's and Gynae)  Plus 1 SMO 2 <sup>nd</sup> on call off site	Nil RMO team unable to assume SMO responsibilities Nursing team can support RMO team	Nursing team HCA team RMO team	<u>23/09/2025:</u> <u>0001 – 0800</u> 1 SMO on site LPS (shared between Ob's and Gynae) Plus 1 SMO 2 <sup>nd</sup> on call off site <u>0800 – 1800</u> 1 SMO on site LPS (Gynae)  <u>0800 – 1200</u> 1 SMO on site Gynae PAWR  <u>1800 – 2200</u>	Managing acute gynaecology patients through ED/ requiring urgent gynae surgery e.g., a ruptured ectopic pregnancy  Plus 1 on duty SMO to complete post-acute ward round.



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				<u>0800 – 1700</u>  4 SMO's  <u>1700 – 2200</u>  1 SMO on site LPS (shared between Ob's and Gynae)  Plus 1 SMO 2 <sup>nd</sup> on call off site  <u>2200 – 2359</u>  1 SMO on site LPS (shared between Ob's and Gynae)  Plus 1 SMO 2 <sup>nd</sup> on call off site			1 SMO on call (shared between Obs & Gynae)  Plus 1 SMO 2 <sup>nd</sup> on call off site  <u>2200-2359</u>  1 SMO on call (shared between Obs & Gynae)  Plus 1 SMO 2 <sup>nd</sup> on call off site  <u>24/09/2025:</u> <u>0000 – 0800</u> 1 SMO on site LPS (shared between Ob's and Gynae)  Plus 1 SMO 2 <sup>nd</sup> on call off site  <u>0800 – 1800</u>  1 SMO on site LPS (Gynae)  <u>0800 – 1200</u>  1 SMO on site Gynae PAWR  <u>1800 – 2200</u>	

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							<p>1 SMO on call (shared between Obs &amp; Gynae)</p> <p>Plus 1 SMO 2<sup>nd</sup> on call off site</p> <p><u>2200-2359</u></p> <p>1 SMO on call (shared between Obs &amp; Gynae)</p> <p>Plus 1 SMO 2<sup>nd</sup> on call off site</p>	

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				<p><u>24/09/2025</u></p> <p><u>0000 - 0800</u></p> <p>1 SMO on site LPS (shared between Ob’s and Gynae)</p> <p>Plus 1 SMO 2<sup>nd</sup> on call off site</p> <p><u>0800:1700</u></p> <p>1 SMO (Acute Gynae)</p> <p>1 SMO Gynae PAWR</p> <p><u>1700 – 2200</u></p> <p>1 SMO on site LPS (shared</p>				

Department / Service		Normal volumes in or through Department per 24 hours for which LPS being made	Likely volumes for 24/25 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 –, Registrars, SMOs	LPS Requested by status (Should be listed as on duty, or on call on site or on call off site – available in 25 minutes)	Reason for LPS request – Contingency Plan and gap unable to be filled. Tasks to be covered
				between Ob's and Gynae)  Plus 1 SMO 2 <sup>nd</sup> on call off site  <u>2200 – 2359</u>  1 SMO on site LPS (shared between Ob's and Gynae)  Plus 1 SMO 2 <sup>nd</sup> on call off site				

Department / Service		Normal volumes in or through Department per 24 hours for which LPS being made	Likely volumes for 24/25 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 –, Registrars, SMOs	LPS Requested by status (Should be listed as on duty, or on call on site or on call off site – available in 25 minutes)	Reason for LPS request – Contingency Plan and gap unable to be filled. Tasks to be covered
<b>Emergency Response (12.5c)</b>		NA		NA	All	Reduced staffing	Utilise emergency response cascade.	Emergency Response

						Liaise with ASMS as required.	
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