

RNSH Ward Clerks contact HSU about roster changes and increased workloads

Dear Member,

Your colleagues have contacted HSU, distressed and angry about RNSH management's proposed changes to ward clerks' rostered start and finish times, increased workloads for staff working evenings and weekends, and the removal of leave relief. They are worried about job security, workloads, personal responsibilities, patient and visitor care, and patient flow.

This constitutes significant workplace change for many and there has been an attempt to rush this change through. Members believed management had an intent to implement these changes on 9 September, without regard to their obligations to genuinely consult with the HSU and its members. Consequently, HSU notified your employer of a dispute yesterday, 5 September. This action was taken to invoke the status quo provisions of your Award. This means that the changes proposed to take effect on Monday 9 September cannot proceed until the Award dispute procedures are completed.

The LHD has responded by saying there was a misunderstanding in communication to staff and that the proposal is not finalised. They have committed to providing information requested by the HSU by 13 September. This will enable consultation with HSU members.

You and your role at work are not expendable. Your work keeps the cogs turning. How will the change to your rostered hours affect your work? Will it improve or reduce efficiency on your ward or unit? Will it impact admissions and discharges? Will it affect patient care? How will the change to rostered hours impact your life (e.g. carer responsibilities, transport)? Is your job at risk?

HSU will be meeting with all Ward Clerks on Monday 9 September

Venue: ASB Meeting Room TBA (awaiting confirmation)

Meeting Times: 12pm-12:30pm; 12:30pm-1pm; 1pm-1:30pm; 3:30pm-4pm

Please make sure you discuss the meetings with your colleagues and encourage them to attend. Only members can have their say and be represented by the HSU. New members can join by returning the attached form to your HSU Organiser, Denise.OShaughnessy@hsu.asn.au, visiting www.hsu.asn.au, or calling 1300 478 679.

In unity,



Gerard Hayes
Secretary, HSU NSW/ACT/QLD



Health Services Union

Level 2, 109 Pitt Street
Sydney, NSW 2000

Phone: 1300 478 679
Fax: 1300 329 478

Web: www.hsu.asn.au
E-mail: info@hsu.asn.au

Twitter: <https://twitter.com/hsunsw>
facebook: <https://www.facebook.com/HealthServicesUnionNSW>

ABN 85 037 751 682

I wish to become a member of the HSU New South Wales Branch and Health Services Union

Surname: Given Name(s):

DOB: Occupation/Classification:

Worksite:

Employment Status (please tick one box below): Department / Ward

What is your Award Classification?

Full Time Part Time Casual Hours worked per week

Home Address:

Postcode:

*E-mail:

Home Phone: Mobile:

Work Phone:

Signature:

Date: DAY / MONTH / YEAR

HSU Delegate Name:

HSU Delegate Membership No:

By signing this membership form, you agree to the terms and conditions of our privacy policy, which can be accessed at <http://www.hsu.asn.au/privacy-policy/> and you consent to us collecting, using, holding and disclosing your information as detailed therein. If you do not consent to any aspect of our privacy policy as it applies to you, please notify the Privacy Officer in writing attention to Privacy Officer - HSU Locked Bag 3 Australia Square NSW 1215

Payment Method: **Direct Debit Request**

Please debit my Bank/Credit Card account

Fortnightly

Please start my Fortnightly Debit on DAY / MONTH / YEAR (day/month/year)

Monthly

All Monthly debits occur on the first of every month.

Note: where your debit day (fortnightly / monthly) falls on a public holiday, your account will be debited on the next business day

I request you, until further notice in writing, to debit my/our account described in the schedule above, any amount which HSU (user ID No. 017797) / HSU NSW Branch (user ID 428556) may debit or charge me through the Direct Debit System.

ORGANISER REMARKS / NOTES

Bank Account Details - Name of the account holder (Schedule)

Surname: Given(s):

BSB Number: Account Number:

Name of Financial Institution:

Credit Card Payment

Please charge my; Mastercard Visacard American Express

Card No:

\$ Expiry Date: MONTH / YEAR