

## Ramsay Bargaining Update

Dear Member,

Yesterday the Health Services Union attended our second bargaining meeting with Ramsay Health Care.

As a member you are automatically represented by your HSU Bargaining Team, made up of HSU Industrial Officers and HSU Delegates, Liz, Lucy and Nikki. Their job will be to get Ramsay workers the best deal possible!

As an initial step, Ramsay and the HSU have exchanged Log of Claims, with consideration of all proposals to be discussed at the next meeting on 28 November 2019.

Please see attached both the HSU and Ramsay Log of Claims.

There's one thing you can do to help.

Share this email with one colleague who isn't a union member. Everyone at Ramsay will be impacted by the new agreement and the changes that members want. Our ability to demand those changes is determined by our union strength.

If your colleague agrees with our HSU Log of Claims, then it's time to stand strong with us. They can join at [www.hsu.asn.au/join](http://www.hsu.asn.au/join), or by calling 1300 478 679.

In unity,



Gerard Hayes  
Secretary, HSU NSW/ACT/QLD

## **Ramsay Log of Claims-HSU NSW Agreement 2019**

3-year Agreement

Compliance and model clauses update

Redrafting for clarity where needed

3.7 Adjust the location of work site clause to account for the cluster sites and hubs and Travel allowance provided for mandatory training not travel time.

5.11 Change shift definition -no shift loading for shifts that start before 12 noon and finish before 6pm

6.1 Ability to take Annual leave in part days by Agreement

6.2 Personal leave- 2 consecutive days and/or maximum 5 days in a year of sick leave without evidence. After that evidence required.

6.3 Take Public Holiday leave in parts of a day

6.3 Public Holiday leave to be used within 12 months of accruing the leave

Structure and progression

Allied health assistant (generic title)

Employee must complete a set of competencies to pass from Level 1 to Level 2 for allied health

New starters must provide statement of service within 3 months including no of hours working at other sites to determine step and progression.

# Support Your Log of Claims!

## Health Services Union members working for Ramsay Health Care are seeking:

### BETTER WAGES AND ALLOWANCES THROUGH:

- ✓ 5% increase to wages and allowances
- ✓ A review and improvements to the Administration classification structure
- ✓ A review and improvements to the Clinical Coders classification structure
- ✓ Anaesthesia Technicians/ Nurses pay parity
- ✓ A fairer increment process for part time employees
- ✓ The introduction of an Infectious Cleaning Allowance
- ✓ The introduction of a Car Parking Allowance where applicable
- ✓ An increased Laundry Allowance
- ✓ Improvements to the Transportation Allowance
- ✓ Improvements to the Lymphoedema Allowance
- ✓ Expanding the Service Allowance
- ✓ The introduction of a shoe allowance

### BETTER HOURS OF WORK PROVISIONS THROUGH:

- ✓ Including preparation time as hours worked
- ✓ Stronger provisions for part timers to increase their contracted hours of work
- ✓ Minimum 20 hours contracts for part timers (unless mutually agreed)
- ✓ Rostered Days Off for all Full Time employees
- ✓ Minimum 10 hour break between shifts
- ✓ Consistent on-call and Time in Lieu arrangements with nursing staff

### BETTER LEAVE PROVISIONS THROUGH:

- ✓ 14 weeks Paid Parental Leave
- ✓ 2 weeks Paid Partners Leave
- ✓ Increased Long Service Leave
- ✓ Limiting the use of shutdown provisions
- ✓ 10 days' paid Family and Domestic Violence Leave
- ✓ Increased Bereavement Leave

### BETTER CONSULTATION PROVISIONS THROUGH:



- ✓ Workplace consultation prior to a decision being made
- ✓ Biannual NSW wide consultation meetings

### BETTER CAREER PROGRESSION AND JOB SECURITY THROUGH:

- ✓ Increased redundancy payments
- ✓ Annual reviews of position descriptions
- ✓ Improvements to accessing Continuing Professional Development
- ✓ Developing Senior/Specialist Allied Health positions

The Health Services Union reserves the right to amend this Log of Claims throughout bargaining.

→ Join the HSU! We are stronger together.

Join online [www.hsu.asn.au/join](http://www.hsu.asn.au/join) or phone 1300 478 679.

→ Elect a HSU Workplace Delegate. We must be organised to win!

→ Like our facebook

 /HealthServicesUnionNSW



# Health Services Union

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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:  /  /

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)

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:  /