

## GM refuses to fill vacant roles in Environmental Services

Dear Member,

Following yesterday's newsletter regarding 35.8FTE vacant positions within the Environmental Services department at Westmead, the General Manager has responded to our demand that the vacant positions be filled.

Unfortunately, the General Manager has chosen to place the Hospital budget ahead of providing adequate staffing resources, refusing to fill these vacant roles as they are not within the department budget.

Staff and the community want their Hospital to provide the best possible service, one which delivers the highest standard of patient care. They also expect their Hospital to be appropriately resourced to achieve this. We must ask ourselves – how can Westmead and Western Sydney LHD Executives have overseen a 15% reduction in staffing levels since 2014, but still expect the same level of service with no reduction in workloads?

By not filling these roles, the General Manager is choosing to potentially compromise patient care in order to save \$1.78 million from the budget.

We must stand united and send a clear message to both Westmead and Western Sydney LHD Executive that they need to put community and staff ahead of budgets.

All HSU members, and anyone who is considering joining, are invited to attend a series of members' meetings. You only need to attend one timeslot.

**WHEN: Wednesday 22<sup>nd</sup> January**

**WHERE: WECC – Lecture Theatre 3**

**TIME: 11:30am-12:15pm or 12:30pm-1:15pm or 4pm-4:45pm**

We know Environmental Services is not the only department struggling with workloads and staffing levels. If your department is experiencing similar issues we urge you to attend the meeting or contact your HSU Organiser Brendan Roberts via email [brendan.roberts@hsu.asn.asn.au](mailto:brendan.roberts@hsu.asn.asn.au) or mobile 0425 181 361.

Now is the time to join your Union and support each other. Joining is easy – visit [www.hsu.asn.au/join](http://www.hsu.asn.au/join) or call 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](http://www.hsu.asn.au)  
E-mail: [info@hsu.asn.au](mailto: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)

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