

NURSING+
MIDWIFERY

Unit Manager Manual

November 2024



Western Health





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Fast Hyperlinks to Common Information

WH Nursing & Midwifery intranet site	Home - Nursing & Midwifery (wh.org.au)
Nurse & Midwives EBA 2024-2028	Approved Nurses and Midwives Agreement 2024-2028.pdf (westernhealth.org.au)
Mental Health EBA 2020-2024	westerly.wh.org.au/nursing-midwifery/wp-content/uploads/2023/06/Mental-Health-EBA-2020-2024.pdf
Quick links to all platforms	Quick links (sharepoint.com)
Miya Precision Bed Management System	Miya Precision Bed Management System (sharepoint.com)
Contact details of Nurse/Midwife Unit Managers	Resources - Nursing & Midwifery (wh.org.au)
RosterON	Managing Payment in RosterON (sharepoint.com)
Procurement and FMIS tipsheets	FMIS Tip Sheets (sharepoint.com)
Ordering Staff Name Badges	Staff Name Badge Requests (sharepoint.com)
People and Culture forms	People and Culture Forms A-Z (sharepoint.com)
PeopleHub	People & Culture - Home (sharepoint.com)
RiskMan QRG's	Resources - Live Best Care (wh.org.au) (Scroll down to incident management QRGs)
Western Health Change Management	Organisational Change (sharepoint.com)
Nursing and Midwifery Board of Australia	
Guidelines for using HeWS	
Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act	
EMR	
Digital Technology Services (DTS)	Digital Technology Services - Home (sharepoint.com)
Prompt Policies, Procedures and Guidelines.	Prompt Documents

Welcome

I believe that the Unit Manager role is the most important role in the health service. The role sets the expectations for the type of workplace culture that the majority of Western Health staff experience. It also sets the standards of behaviour and performance for all the people that work on or coming into contact with your ward/department. You are also close enough to our patients to see how Western Health operates each day – and have the experience and knowledge to know whether this is working or if it needs improvement.

The role is also the proverbial ‘meat in the sandwich’, being the conduit between our patients and their relatives, your team and senior leadership and managers.

The role is integral to our wards and departments providing safe, effective, efficient and high-quality care to our community. You are pivotal in achieving the ‘purpose’ of Western Health – that is to lead the delivery of a connected and consistent patient experience, providing Best Care to save and improve the lives of those we care for.

For all of these reasons, the Unit Manager role can be one of the most challenging within healthcare – but also one of the most rewarding! I look fondly back at my time as a Unit Manager, and my experience in this role certainly was essential to informing who I am today.

The intent of this manual is to provide you with some key tools, complementing the support from your professional and operational leads, to maximize success in your role. This is particularly important when commencing ‘fresh’ in the roles but will remain a point of reference on an ongoing basis, updated regularly to reflect contemporary information.

I encourage you to be brave and actively lead your team. You have been appointed into your role as we believe that you have the knowledge, skills and experience to make decisions. Please don’t wait to be asked to do something – I want you to feel empowered to do whatever needs to be done. If you think something needs to be done or fixed on your ward/department – then we want you to feel empowered do this. If you cannot do this alone, need guidance or do not have the authority, then please raise it with your manager, Divisional Director and/or Director of Nursing & Midwifery. Our Unit Managers are highly respected – so if you are worried, we are worried too.

I encourage you to utilise the authority that has been given to you to its full extent and work with your team to ensure that you are constantly improving all aspects of your ward/department. When we take on any role it is our obligation to ensure that we leave our area of responsibility better than what we inherited.

You are however never alone. There are many subject-matter experts at your disposal to get advice, and your Division and Nursing & Midwifery have roles that are there to support you in all aspects of your role, including operational and professional requirements. If you are ever needing any help or assistance, please just reach out – we are all there to help.

I wish you every success in your Unit Manager role – there will be many challenges and uncertainties ahead but, equally, many positive experiences that will resonate with you for your whole career, and the careers of team members that you are shaping.

Shane

Adjunct Professor Shane Crowe
Executive Director Nursing & Midwifery
Western Health



Best Care

At Western Health, our vision for outstanding patient care is that each of our patients receives 'Best Care' from us, every time, everywhere.

BEST CARE AT WESTERN HEALTH

We will demonstrate the Western Health values in all that we do... compassion, accountability, respect, excellence, safety






PATIENTS <small>TO RECEIVE BEST CARE...</small> It is important to my family and I that:	FRONT LINE STAFF <small>TO PROVIDE BEST CARE...</small>	MANAGERS & SENIOR CLINICIANS <small>TO LEAD BEST CARE...</small>	EXECUTIVE & BOARD <small>TO GOVERN BEST CARE...</small>
PERSON-CENTRED CARE I am seen and treated as a person	I communicate with patients and their families and am sensitive to their needs and preferences	I engage with and put patients first when making decisions	I oversee the development, implementation and ongoing improvement of organisation-wide systems and culture supporting Best Care 
CO-ORDINATED CARE I receive help, treatment and information when I need it and in a co-ordinated way	I am an active team player and look for ways to do things better	I look for ways to support staff to work efficiently and as part of a team	
RIGHT CARE I receive care that makes me feel better	I am competent in what I do and motivated to provide the best care and services possible	I guide, engage and support staff to provide best clinical care	
SAFE CARE I feel safe	I keep patients from harm	I promote a culture of safety	




To ensure that we can provide the best care, we need to translate these statements into day-to-day behaviours and actions to improve point of care clinical practice and systems supporting person-centred, co-ordinated, right and safe care for every patient, every time, everywhere.

Our Vision

Together, we deliver the healthcare of the future.

Our Purpose

Providing the Best Care for the people of the West, in the right place and at the right time.

Our Values

Compassion—Accountability—Respect—Excellence—Safety

Western Health Strategic Directions

As our world changes, so too do our challenges. The health and wellbeing of our communities is impacted by a rapidly expanding environment, new technologies, economic shifts and changes in health requirements. Our patients' health needs are becoming more complex. At the same time people have increased expectations around timely access to high-quality care where, and how it best suits their needs.

Our current environment also provides new opportunities. Advances in medical and digital technology and access to accurate and timely data are transforming healthcare. Many people now use technology to receive, communicate and support their care. We have strengthened our relationships with our partners and each other to deliver care for those who need it most. We also continue to grow our network of hospitals, providing a broader system of facilities and services. This will enable access and let us focus on where and how care is delivered.

We deliver this strategy together. The collective 'we' emphasises our connection within and beyond Western Health and our unwavering commitment to working in true partnership with our patients, people and communities.

Strategic Framework

We will be guided by a Strategic Framework that provides a clear direction in dynamic times and allows us the flexibility to face challenges and take opportunities as they arise. We have plotted a three-year course for Key Initiatives that will evolve according to the expectation, need and context of the time. Our five Strategic Directions will endure as guiding beacons well beyond this period.

Our four Guiding Principles represent, as part of the Framework, all that Western Health is and aspires to be:

- **Simple** — we will take a straightforward approach, engage people in a way and language that is easy to understand and down to earth.
- **Sustainable** — we are resilient and adaptive, use our resources responsibly and contribute to long-term benefits for our community and environment.
- **Connected** — we collaborate, connect patients to the right services, face-to-face and virtually, and harness the connection we have with our community and each other.
- **Innovative** — we are curious, champion new ways of working and lead by doing.

Our Strategic Plan

We listened to our community, and this is what we heard:



Our Chief Executive Officer leads an executive of seven. To review the organizational structure please click on the link below. [Western Health Organisational Chart.pdf \(sharepoint.com\)](#).

Western Health has ten clinical divisions which are led by a Divisional Director and Clinical Service Director. An outline of each division is found in the above link. Each division is also supported by a Director of Nursing & Midwifery.

The clinical divisions at Western Health are:

- [Aged, General Medicine and Subacute Services \(AGMS\)](#)
- [Emergency Medicine and Intensive Care Services \(EMIC\)](#)
- [Surgery, Endoscopy](#) and [Anaesthesia Services \(SEAS\)](#)
- [Cancer Services, Cardiology](#) and Specialty Medicine (CCSM)
- [Drug Health Services \(DHS\)](#)
- [Western Health at Home](#) – Including community-based services, renal dialysis, HITH and Custodial Health (W@H)
- [Womens & Childrens \(W&C\)](#)
- Clinical Support and [Specialist Clinics \(CSSC\)](#)
- [Mental Health & Wellbeing Services \(MHWB\)](#)
- Integrated Community Health Services (ICHS)

Organisational Supports

Nursing and Midwifery Executive Team [NM-Org-Chart-October-2024.pdf \(wh.org.au\)](#)

Adjunct Professor Shane Crowe is Western Health's Executive Director of Nursing and Midwifery (EDONM). The EDONM provides overall professional leadership to Western Health's nursing and midwifery workforce, supports professional practice, ensures high quality, innovative evidence-based nursing/midwifery care to Western Health care recipients. The role also aims to advance nursing and midwifery research and learning opportunities, supporting the application of innovative research-based approaches with a focus on translating research into nursing and midwifery practice.

The EDONM oversees nursing and midwifery professional needs in line with the organisation's strategic priorities and works in collaboration and in partnership with the Executive. The EDONM provides strategic assistance and advice on nursing and midwifery professional matters, provision of services, professional nursing and midwifery leadership and focused support to deliver and achieve Western Health's strategic goals.

Deputy Executive Directors of Nursing and Midwifery

There are two Deputy Executive Directors of Nursing and Midwifery (DEDONM) at Western Health. Click here for further information on their portfolios and areas of responsibility [DONM-Portfolios-Oct-2024.pdf \(wh.org.au\)](#). The DEDONM's are an excellent support for our Unit Managers (UM).

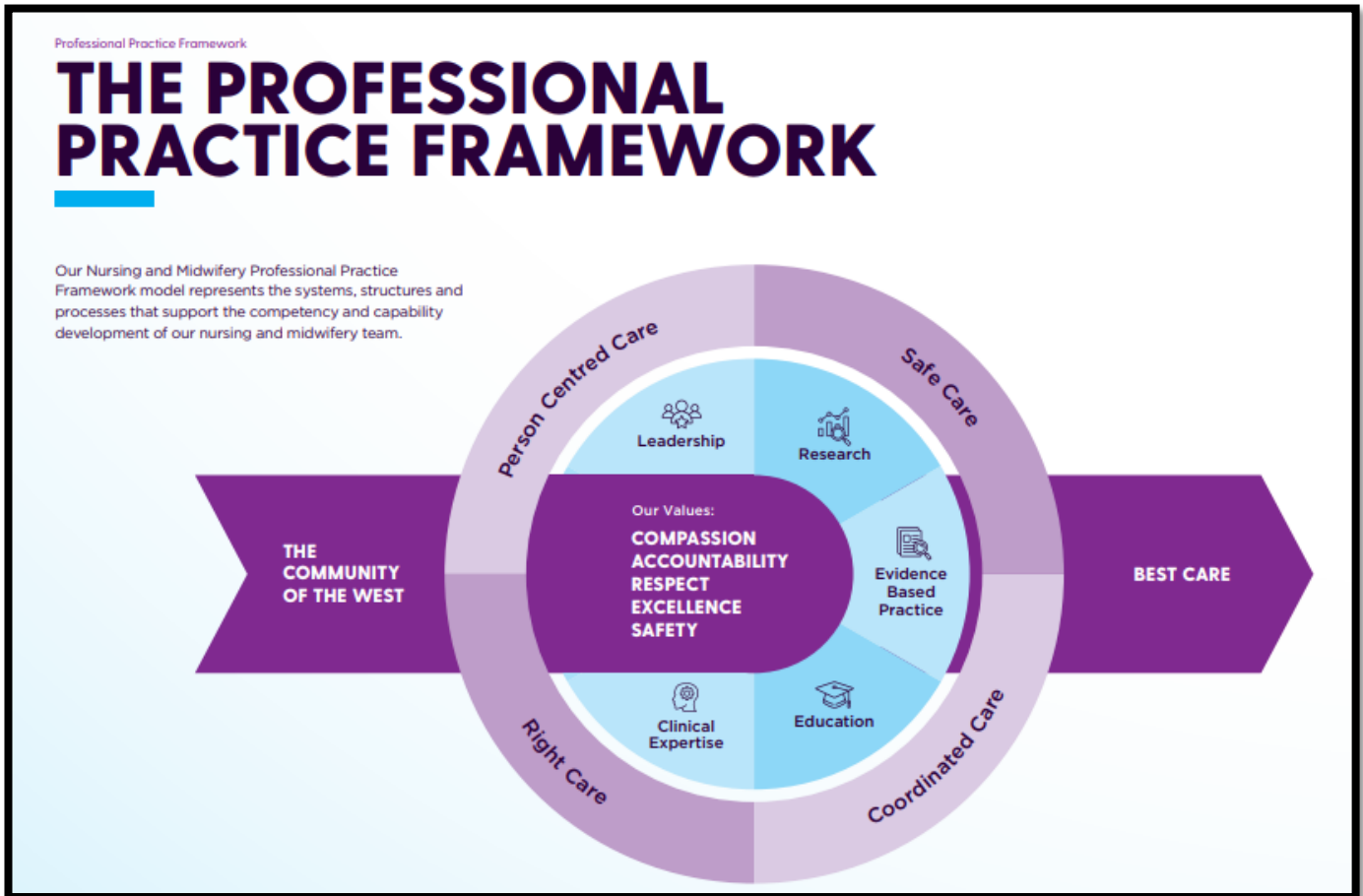
Divisional Directors and Directors of Nursing and Midwifery

You will meet regularly with your DONM. Please raise any queries, issues, ideas, or concerns with your Divisional Director, DONM and/or Operations Manager. They are a great source of information and support.

Professional Nursing & Midwifery Practice

The Western Health **Nursing & Midwifery Professional Practice Framework** is structured around the five domains of practice, which are surrounded by the Best Care domains and informed by Western Health's Values. Collectively, this enables all nurses and midwives to deliver Best Care to our community. [Professional Practice Framework - Nursing & Midwifery \(wh.org.au\)](https://www.westernhealth.org.au/professional-practice-framework-nursing-and-midwifery)

The five domains of practice are relevant to every nursing and midwifery position at Western Health and inform every position description and our Performance & Development Plans and reviews. To support our nurses and midwives throughout their career progression, the Framework also includes an achievement model of skill acquisition.



You might find it helpful to print this document for reference. [Nursing-Midwifery-Professional-Practice-Framework.pdf \(wh.org.au\)](https://www.westernhealth.org.au/professional-practice-framework-nursing-and-midwifery)

The Framework supports career planning and progression and outlines the support and opportunities available to assist both the development of individuals and teams. It offers career pathway guidance for those wishing to advance and provides consistent professional advice, assists workforce planning, and will be an invaluable resource for our staff and the wider Western Health team.

Your Director of Nursing & Midwifery (DONM) is your key point of contact for all professional aspects of Nursing and Midwifery. All nursing and midwifery staff are expected to have an understanding of the current professional requirements for their registration and every Unit Manager should be familiar with the documents located on the Nursing and Midwifery Board of Australia website [Nursing and Midwifery Board of Australia - Home \(nursingmidwiferyboard.gov.au\)](http://nursingmidwiferyboard.gov.au) and include:

- Registered Nurse - Standards of Practice/Competency Standards
- Enrolled Nurse - Standards of Practice/Competency Standards
- Registered Midwife - Standards of Practice/Competency Standards
- Nurse Practitioner - Standards of Practice/Competency Standards
- Codes of Professional Conduct
- Professional Boundaries
- Codes of Ethics
- Registration Standards

Monitoring of staff registration is undertaken centrally through the [Nursing & Midwifery Workforce Unit](#) and registration status is reviewed on a daily basis. If an anomaly is detected, the Nursing & Midwifery Workforce Unit (NMWU) will contact you directly. It is important to note that you are able to check the registration status of your staff at any time on the NMBA website. [Nursing and Midwifery Board of Australia - Home \(nursingmidwiferyboard.gov.au\)](http://nursingmidwiferyboard.gov.au).

If you have any concerns, please contact your DONM immediately; [Notification requirements](#) (all possible notifications must be discussed with your Director of Nursing /and Midwifery prior to initiating this process).

These tools can be used to ensure nursing and midwifery staff are complying with their professional registration requirements. The Australian Health Practitioner Regulation Agency (AHPRA) supports the Nursing and Midwifery Board of Australia and has the website which holds the up-to-date [Register of Practitioners](#).

Credentialing

Credentialing is the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of nurses and midwives for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high-quality care within specific organisational environments. This is performed through a number of processes initially and ongoing:

Organisation level

- Position Descriptions establish core competencies and Scope of Practice
- Confirmation of current AHPRA professional registration as part of initial appointment and ongoing
- Monthly confirmation of registration status utilising CGov platform
- Completion of health service wide orientation, mandatory training and discipline specific competencies

Unit level

- Completion of local area orientation and service specific competencies
- Performance review prior to probationary period ending.
- Participation in annual performance and development review process
- Demonstrated evidence of ongoing professional development

For more information on credentialing please view this page: [Nursing & Midwifery Credentialing - Nursing & Midwifery \(wh.org.au\)](#).

Supervision and Delegation

Registered nurses and midwives are required, as part of their role, to supervise and delegate care to other health care workers including Enrolled Nurses, Health Assistants in Nursing and Patient Care Attendants (NMB, 2020). assist nurses and midwives with decision making in relation to supervision and delegation. At handover the Unit Manager or ANUM/AMUM must establish the skill mix of nurses and midwives on the shift, ensure the appropriate allocation of patients and compliance with supervision/delegation occurs during the shift.

[Nursing-and-Midwifery-Board---Framework---Decision-making-framework-for-nursing-and-midwifery---Advance-copy \(2\).PDF](#)

Scope of Practice

It is important that all nurses and midwives work within their Scope of Practice. If you require a nurse or midwife to work beyond their current scope of practice, information on how to apply for a change in scope is available on the Nursing & Midwifery Intranet site which shows you the process at Western Health for doing this. Also engage your Divisional Manager and DONM in the discussion. [Nursing & Midwifery Scope of Practice - Nursing & Midwifery \(wh.org.au\)](#)

Nursing and Midwifery (Industrial)

There will be occasions where a nurse or midwife will ask you a question about an entitlement. While it is important to be able to access the current EBA, you may not have the understanding to answer these questions. If you are unsure, please seek advice from your DONM, Operations Manager or your People and Culture Consultant.

Enterprise Agreement entitlements

These can be complex and are different depending on the profession of the staff member. Call your DONM or People and Culture consultant to assist with interpretation and application of the award. A copy of the 2024-2028 Nursing and Midwifery Enterprise Agreement is linked here. [Approved Nurses and Midwives Agreement 2024-2028.pdf \(westernhealth.org.au\)](#)

The Mental Health EBA 2020-2024 is linked here: westerly.wh.org.au/nursing-midwifery/wp-content/uploads/2023/06/Mental-Health-EBA-2020-2024.pdf

Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act

The *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015* (the Act) took effect from 23 December 2015, and outlines the nurse and midwife to patient ratios required to determine minimum nurse and midwife staffing levels in Victorian public health services. To read the act, please follow this link: [Safe Patient Care \(Nurse to Patient and Midwife to Patient Ratios\) Act 2015 \(legislation.vic.gov.au\)](#)

A number of amendments have been made to the Act, including:

- The Amendment Act 2019 included improvements to existing ratios, the creation of new ratios in a range of clinical settings and the introduction of other operational enhancements in the Act. Implementation is occurring in a staged approach until 2023.
- The Amendment Act 2020 included the application of the new rounding methodology to shifts and wards and the establishment of in-charge arrangements in a range of settings. Implementation is also occurring in a staged approach to 2023. Details on the amendments to the Act are explained in this link. [Nursing-Midwifery-EA-2020-Management-briefing.pptx \(live.com\)](#)

Western Health monitors our compliance with the Act each shift and publishes our mixed ward ratios and birthing room numbers every February and August in compliance with the Act.

Western Health Nursing & Midwifery Workforce Plan

The Nursing and Midwifery Workforce Plan outlines the future for the nursing and midwifery workforce at Western Health. A copy can be found using this hyperlink [Nursing & Midwifery Workforce Plan - Nursing & Midwifery \(wh.org.au\)](#)

The Director of Nursing & Midwifery (DONM) aligned to your division is your key point of contact for all professional aspects of Nursing and Midwifery. <https://westerly.wh.org.au/nursing-midwifery/nursing-midwifery-profile/>

All nursing and midwifery staff are expected to understand their professional requirements for registration and be familiar with the documents located on the Nursing and Midwifery Board of Australia website. [Nursing and Midwifery Board of Australia - Home \(nursingmidwiferyboard.gov.au\)](#)

Consumer Engagement

Western Health is committed to partnering with our consumers and community in decision making about health policy and planning, care and treatment. We know that when our consumers are actively and meaningfully involved in decisions about their health care, we achieve better outcomes for the health and wellbeing of our community. We are fortunate to have a large group of consumers available to participate in meetings, projects, surveys, education. Please refer to [Consumer Engagement - Live Best Care \(wh.org.au\)](#) for details.

All patient information sheets are coordinated and available here [Patient Information Library - All Documents \(sharepoint.com\)](#).

Nursing & Midwifery Workforce Unit

The Western Health Nursing and Midwifery Workforce Unit (NMWU) is responsible for:

- Coordinating the replacement of nursing and midwifery vacancies across Western Health
- Centralised recruitment processes for nursing and midwifery positions across Western Health
- Oversight of the credentialing of nurses and midwives at Western Health
- Management of Western Health's Pool and Bank.
- Oversight of the development, implementation and evaluation of Western Health's Nursing & Midwifery Workforce Plan

The main objectives of the NMWU are:

- Ensure that Western Health's nursing and midwifery workforce is strategically placed to be able to provide Best Care to our community now and into the future.
- Operate within a service excellence environment through positive relationships with internal and external stakeholders.
- Ensure effective management of staff employed on the Nurse Pool and Nurse Bank [Bank and Pool - Nursing & Midwifery \(wh.org.au\)](#)
- Assist in recruitment into permanent and short-term nursing vacancies within Western Health

Centralised Staff Recruitment

The Western Health Nursing and Midwifery Workforce Unit (NMWU) utilises a centralised recruitment model for the recruitment of all Grade 2 Registered Nurses, Midwives and Enrolled Nurses. The NMWU aims to improve the quality and experience of the applicants and the hiring managers, this is achieved through:

- Providing one point of contact
- Development of targeted recruitment strategies,
- Identification of talent
- Coordination of the interview process
- Relationship building
- Processing of successful applicants

Centralised recruitment provides candidates and hiring managers with one point of contact from sourcing of potential candidates to the completion of the on-boarding process.

The Centralised Recruitment team is responsible for all administrative and operational tasks that had previously fell under the responsibility of the Unit Manager, allowing the Unit Manager to focus more of their time and energy towards the needs of their staff and patients in their clinical area.

The centralised recruitment team supports the Unit Manager through the recruitment process by ensuring that best practice interview techniques and reference checking platforms are used to expedite a streamlined timeline from recruitment to on-board, however the Unit Manager remains the primary decision maker in shortlisting candidates for interview and selecting those nurses / midwives who are suitable to work at WH within their own specialty or area of expertise.

NMWU Allocations Team	Centralised Recruitment:	NMWU Manager
Phone: 03 9393 0135 Email: NMWU@wh.org.au	Phone: 03 9393 0201 – Recruitment Hotline Email: RecruitNMWU@wh.org.au	Louise Nicol Phone: 0481 096 021 Email: louise.nicol@wh.org.au

New Western Health employees

Orientation

Orientation at Western Health is mandatory and involves:

- Local (Departmental) Orientation
- Online Western Health Orientation through [Western Health Welearn: Log in to the site \(wh.org.au\)](#)
- Online Clinical Nursing/Midwifery Orientation through WeLearn (over 6-8 weeks)

More information about orientation to Western Health can be found here: [New Employees and Orientation \(sharepoint.com\)](#).

Name badges and ID swipe cards

Name badges and ID swipe cards are managed by the Western Health security team. Staff need to complete a staff ID request form to obtain a swipe card. This form is used for new and replacement ID swipe cards and can be found on the intranet site. [Staff ID Requests \(sharepoint.com\)](#)

A step-by-step process for ordering new name badges can be found on the security intranet site using this link. [Staff Name Badge Requests \(sharepoint.com\)](#)

Car Parking

Staff Car parking is available at most sites, however staff parking at Footscray Hospital can be more difficult to obtain. [Car Parking \(sharepoint.com\)](#) Staff can either apply for permanent parking (salary deducted) or casual parking (staff discounted). To gain access, please complete the [Western Health Staff Identification Security Access Carparking_2024.docx](#) scan and email WH-Carpark@wh.org.au

Communications

Branded materials are an important part of the visual identity of Western Health. Our brand should be applied consistently and professionally across all hospital materials. Refer to the Branding Resources page under Public Affairs for further information.

Email Account and Signature

You should have your own WH email account set up when you commence employment at Western Health. If not, please contact the Information Technology Service Desk on 83456777 (ex 56777). Your emails are branded material, and it is part of the visual identity of Western Health. Refer to Western Health intranet for further information, and how to apply the correct font and colour to your email signature. [Branding resources \(sharepoint.com\)](#)

Phone Extension and Answering Service

It is important to know your phone extension number and mobile phone number; this will link you to the hospital directory and make it easier for others to contact you. Please update the message on your mobile phone [Communications \(sharepoint.com\)](#)

Hello my name is.... The “Hello my name is...” campaign is part of our ongoing commitment to delivering Best Care. The essence of “Hello my name is....” is to remind staff the importance of introducing themselves. This simple exchange has the capacity to build trust and compassion and reduce anxiety for patients and families. Your manager should order your name badge in line with the procedure.

Information Technology

Digital Technology Services DTS (Information, Communication and Technology)

Western Health has a Digital Technology Services team who manage all of our information technology services. They can be contacted through the service desk, alternately there is a wealth of information on their intranet site. [Digital Technology Services - Home \(sharepoint.com\)](#). IT problems, EMR issues, IT support, training, password resets and procurement support can all be requested by logging a job with DTS. This request can be submitted one of three ways;

1. Online via the DTS Intranet site,
2. via email ServiceDesk@wh.org.au
3. Over the phone the phone. Ph 83456777 or Ex: 56777

Note: Every computer throughout Western Health has the contact phone number listed in the bottom right of the screen.

Electronic Medical Record – Digital Health Service

Western Health utilises an Electronic Medical Record (EMR) for most of the clinical services provided. Western Health has a nursing and midwifery team dedicated to developing, maintaining, and enhancing the areas of the EMR which our staff interact with. It is important that every UM is proficient in navigating the EMR and can demonstrate how the patient journey is documented, particularly within their service.

Western Health's Chief Nursing and Midwifery Informatics Officer and Associate Director of Nursing Digital Health are our nursing and midwifery leads for the EMR.

A wealth of Quick Reference Guides (QRG's) can be found on the Western Health intranet under Digital Health. <https://digitalhealth.wh.org.au>

Information Systems Training

There are several IT programs that you will need to become competent using. It is recommended you complete the associated **WeLearn training modules** to ensure adequate knowledge of these systems.

- SharePoint and Microsoft 365 (very important)
- Microsoft Teams
- Outlook
- RosterON for managers
- FMIS
- RiskMan (manager access)
- HeWS
- PeopleHub
- MIYA
- BOSS for midwives
- CBORD -food management ordering platform
- Bossnet (Digital medical record used in addition to EMR)
- EMR (Electronic Medical Record) Please complete both the EMR for Nurses or Midwives AND the EMR Downtime Procedures WeLearn modules.
- IPM (inpatient management system) [IPM Tips \(sharepoint.com\)](https://sharepoint.com)
- WeLearn (organisation online learning platform)
- PULSE (engineering and biomedical services) [Engineering Services \(sharepoint.com\)](https://sharepoint.com)
- Procurement/FMIS (online stores and supplies) WeLearn module Procurement Process at Western Health + [Procurement Services \(PS\) \(sharepoint.com\)](https://sharepoint.com)
- Power BI Performance Dashboards – [Performance Dashboards \(sharepoint.com\)](https://sharepoint.com) + Welearn module Performance Dashboards - Knowledge Transfer Modules

IT Access

- Confirm your Western Health username and password
- Discuss with your line manager where to save/store your electronic files and ensure you have been provided with access to all relevant SharePoint sites, Team sites, committees, folders etc.
- Notify via email NursingMidwiferyLeadershipPrograms@wh.org.au and request to be added to relevant UM email distribution groups.
- Add divisional and UM meetings/forums to your outlook calendar.
- Ensure you have access to all IT systems listed above.

People, Culture & Safety Directorate

People, Culture & Safety is part of the People, Culture and Communication Directorate and incorporates the departments of;

People and Culture Operations & Workforce systems

- **Operations** - This team maintain the payroll Masterfile, which includes changes to bank details, classification / hours, recognition of prior service and payroll payments and deductions.
- **Recruitment** - Provide a range of services from advertising guidance, recruitment and selection advice to orientation and training and development practices. They act as the first point of call for managers and employees on all matters relating to recruitment.
- **Reporting** - The Information Analyst Reporting Team produces workforce reports for the organisation to assist with KPI performance and strategic planning.
- **Administration and Document Control** - Provide a variety of services to all employees such as reception, application management, personnel file management and general enquiries.
- **Workforce Planning** - Develop strategies and implement projects that will improve the workforce productivity, workforce retention and enable the recruitment and development of contemporary workforce for the future.

Contacts: <https://westernhealth.sharepoint.com/sites/OurPeople/SitePages/Contact-Us---New.aspx>

Safety, Risk & Emergency Management

- Occupational Health and Safety
 - Manual Handling
 - Emergency Management
 - Occupational Violence & Aggression
- [Click here](#) to continue to their website and view contact details.

Business Partnership & Injury Management

- **Business Partners:** This team attends to Industrial relations matters including change management, agreement entitlements and conditions of employment, performance management and compliance with relevant Acts and other legislations. This role supports the business and ensures people management is carried out in a responsible, fair and appropriate manner within the boundaries of the relevant industrial instruments and legislative compliance.
The Business Partnership team can be contacted via pccbusinesspartners@wh.org.au or your designated Business Partner directly
- **Injury Management and Workplace Health Team:** This work as a supportive partner with injured employees and their treating clinicians to achieve a safe and sustainable return to work. In addition to providing guidance and advice on a broad range of Injury Management issues the team assists injured employees to take an active role in the design and implementation of their return-to-work plan. [Click here](#) for contact information.

Organisational Culture and Leadership Development

- **Leadership Development** - incorporating leadership and management development and team development and culture.
- **Organisational Culture** - incorporating Employee Assistance Program (EAP), Critical Incident Response (CIR), EMPOWIR and Positive Workplace Strategy, reward & recognition, development programs and initiatives, communications and policy and procedure.

PeopleHub

PeopleHub is the Human Resources system used at Western Health. **PeopleHub is used for all recruiting, onboarding, variations etc. It is also where staff will access their payslip.**

Please refer to the [PeopleHub People Processes Matrix.xlsx \(sharepoint.com\)](#) for guidance on how to action various requests. You can book a 1:1 session directly with a member of our P&C Systems team to get support to work through a question or process relating to PeopleHub. The types of topics this service is designed to support with include:

1. Access or permission issues
2. Submitting a request
3. Workflow support
4. Updating non-pay impacting information
5. Organisational structure and reporting line queries

To book a time, please click the link below:

<https://outlook.office365.com/owa/calendar/PeopleHubSupport@WesternHealth.onmicrosoft.com/bookings/>

More support information and resources can be accessed here:

<https://westernhealth.sharepoint.com/sites/OurPeople/SitePages/PeopleHub.aspx>

Employment Variations

All employee variations are completed via People Hub. [Variation of Employment \(sharepoint.com\)](#). i.e. increase in hours, decrease in hours, change in classification, acting in another role. For all LSL requests, special leave, parental leave, Enterprise Agreement (EA) interpretation, LWOP requests, pay scale or contract enquires, email peopleservicesoperations@wh.org.au.

Qualification Allowance

Staff may be entitled to a qualification allowance if they have successfully completed a relevant course. I.e.

- Certificate IV in Training and Assessment
- Post-graduate Certificate
- Post-graduate Diploma
- Masters
- PHD

The courses must be relevant to their current position. Certified copies of the course transcript must be submitted as evidence of course completion (employee's academic transcript with notation of course completion or certificate of course completion). This process is completed in PeopleHub. The allowance is applied from the date they supplied you with the evidence, once the allowance is approved by your Manager, Director of Nursing/Midwifery and Divisional Director.

Clinical Nurse Specialist and Enrolled Nurse Level Three application processes

A Clinical Nurse Specialist (CNS) and Clinical Midwifery Specialist (CMS) is a highly knowledgeable and skilful nurse/midwife who demonstrates that their knowledge and clinical practice and decision making is at a higher level than the average nurse/midwife on your ward or in your area. Promotion to a CNS/CMS classification is in recognition of clinical excellence.

The Enrolled Nurse Level 3 is an experienced clinician within their area of specialisation, and accepts responsibility for professional activities that support service delivery and the professional development of self and others. The Enrolled Nurse Level 3 demonstrates advanced competence.

The CNS/CMS Applications and Enrolled Nurse Level 3 Applications are open twice a year (April and October) for nurses and midwives to apply for either a CNS/CMS position or an Enrolled Nurse level 3 position. This is a formal process which includes completion of the application form and an interview with the Unit Manager with successful appointments to be processed on PeopleHub. [Resources - Nursing & Midwifery \(wh.org.au\)](#) Successful application and the subsequent variation must be back dated to the application date.

[CNS/CMS Clinical-Nurse-Midwife-Specialist-Application-Guide-July-2022.pdf \(wh.org.au\)](#)

[EN Level Three EN-Level-3-advancement-application-guide.pdf \(wh.org.au\)](#)

Flexible Working Arrangements

An eligible staff member may request to work a fixed roster or not to work certain shifts (which falls in line with a set criterion within the EBA). To request a Flexible Working Arrangement, the staff member must complete a Flexible Workplace Arrangement application in their profile on People Hub and outline reason for request. You may also wish to discuss with your allocated Business Partner if potential disagreement may arise.

This application is digital and completed within the People Hub People Management system. Scroll to page 19 of the link to understand the process. [People & Culture - PeopleHub Digital Forms - All Staff Training.pdf - All Documents \(sharepoint.com\)](#).

Every FWA must be reviewed annually. It is not an ongoing agreement past twelve months. Situations change for our staff, and we must work with them to enable a return to a full rotating roster.

RosterON

Western Health utilises RosterON as the rostering program, with interfaces with our payroll. [Managing Payment in RosterON \(sharepoint.com\)](#) You will need to complete the **RosterON training for Managers and Delegates** on WeLearn.

The Unit Manager is accountable for ensuring the roster is both clinically and financially appropriate. The Unit Manager may delegate preparation of the roster to another nurse or midwife e.g. AUM portfolio, however you still need to ensure it is meeting all requirements. Refer to the [Employee-Centred-Roster-Guidelines_V2.pdf \(wh.org.au\)](#) for more information on best practice principles for rostering.

Unit Managers are provided with the RosterON security access to develop rosters, lock and pay lock timecards on RosterON. It is expected you understand the relevant enterprise agreement and guidelines / procedures and complete the relevant learning program related to using the electronic platforms.

Roster Guidelines [Employee-Centred-Roster-Guidelines_V2.pdf \(wh.org.au\)](#)

- ✓ Produce a roster that meets the requirements of the relevant awards, agreements and WH policy.
- ✓ Produce a roster that is well balanced and meets the needs of the ward/department – distributing staff evenly according to qualifications, skills, experience and the ward/department's predicted workflow needs over the 24 hours/7 days per week (or other hours of operation).
- ✓ Provide equitable distribution of rostered hours and days off.
- ✓ Plan annual leave and other leave to meet the individual's needs, the ward/department's needs and the requirements of the health service.
- ✓ Be financially responsible by ensuring staff entitlements are met and organisational rules and policies followed.

As Unit Manager, you must ensure that staffing numbers and skill mix are spread evenly over the working week and in compliance with the Safe Patient Care Act, i.e. no shortfalls on one shift and then surplus staff on another shift.

Further information and resources on rostering can be found on the Nursing and Midwifery workforce page [Rostering - Nursing & Midwifery \(wh.org.au\)](#).

Health-e Workforce Solutions Management (HeWS)

Health-e Workforce Solutions (HeWS) [Health-e Workforce Solutions Resources - Nursing & Midwifery \(wh.org.au\)](#)

Health-e Workforce Solutions (HeWS) is the allocations platform nursing and midwifery utilises to request and book staff replacement.

All planned and unplanned vacancies must be entered into HeWS.

The platform enables the Western Health Nursing & Midwifery Workforce Unit team to match part-time, pool and bank staff to the staffing requests made from the ward. The aim is to be pro-active with forward booking, ensuring we are utilising appropriate staff efficiently.

We utilise Health Workforce Solutions (HeWS) as our centralised electronic platform for determining nursing and midwifery FTE. The nursing or midwifery FTE profile for your area is built and recorded in HeWS and Unit Managers are required to monitor their FTE regularly using this system. Data in HeWS is directly linked to the Masterfile and payroll.

HeWS provides you with:

- FTE vacancy
- Shift vacancy reports
- Forward planning capacity
- Supplementary Rosters
- Annual leave planning and reports
- Utilisation of supplementary staff reports
- And much more

To become familiar with the HeWS system you need to complete the HeWS welearn modules and then book a time with the Nursing & Midwifery Workforce Unit on Extension 8345 7751.

Manager and Shift manager access to HeWS must be set up by the Nursing & Midwifery Workforce team – requests can be made via email NMWU@wh.org.au. You will also find HeWS information guides, manuals and other relevant information related to Nursing and Midwifery Workforce via the following link: [Welcome \(hews.com.au\)](http://Welcome(hews.com.au))

Full Time Equivalent (FTE) Monitoring

The Yearly Planner module in HeWS provides you with overall and detailed information of staff contracted to your cost centre.

The workforce calculation page provides an overall picture of FTE (sometimes referred to as EFT) available to work - reflects Actual contracted FTE compared to Budget base FTE (based on Profiles built for each financial year), your area shortfalls and provides you with annual leave required targets compared with budget.

It is important that you review the department hours in 'view mode' – checking all your staff are listed and the correct workhours are reflected. Then you can rely on the information in the workforce calculation page as being correct.

The **'Budget base' figure is the minimum FTE you must 'recruit to'** in order to ensure you have the requisite staff to cover your daily roster and annual leave and ADO requirements.

- The 'Budget base' figure is generated from your ward profile (i.e. how many beds open and number of nurses or midwives required per shift).
- If either the number of beds open and/or nurses or midwives rostered on per shift alters, it is important that these changes are reflected in HeWS as your 'recruit to' figure then changes.

If you have a shortfall between your 'budget base FTE' and the 'actual base FTE' (shown as a positive figure) you need to commence the process of recruiting staff and, meanwhile, enter shift requests into HeWS to backfill the roster vacancy.

Each year (usually in March) you will review your HeWS profile and update for the next financial year in collaboration with your Operations Manager and Divisional Director.

The HeWS profile will be utilised by your Finance Partner to build your cost centre budget with your Divisional Director. You are expected to recruit to your Budget Base FTE. Approval for recruitment to above that level needs to be discussed with your Divisional Director and may involve the need to submit a budget bid case.

Cost centre budgets are allocated additional dollars to cover sick leave, study leave, supernumerary / induction days. Some areas also have an additional budget for "additional resources" – this is different for every ward/unit so please discuss with your Operations Manager or Divisional Director.

There are a number of tools and reports on HeWS that provide you with information you can utilise, print and share with your teams. The Dashboard, performance and supplementary staff reports are useful.

Many managers print and display the **Annual Leave Planner** for staff to view also (HeWS → 'Yearly Planner' → 'Leave request' → icon).

General HeWS and Supplementary Staff Rules.

All areas must maintain a dedicated Supplementary Roster in HeWS for permanent staff to indicate availability to work extra shifts.

All roster vacancies and unexpected leave must be offered to permanent part-time staff up to two weeks prior to the shift vacancy, prior to engaging Pool, Bank or Agency.

At two weeks prior to the known vacancy, the request for staff must be entered onto HeWS, at this point in time it is the responsibility of the allocations team to fill these shifts. **Once a pool or bank staff member has been booked for these shifts, they cannot be replaced by a ward/unit part time staff member except at the request of the allocations team.**

Nurse and Midwife Pool staff (permanent staff managed by NMWU) will always be allocated as a priority. Casual staff will be booked in advance however may be replaced with permanent Pool staff when available. If Agency staff or overtime is required, an approval process must be followed.

Short term contracts can be organised for Pool and Bank staff to backfill expected leave of more than two weeks – please contact the NMWU to discuss your needs.

It is not expected that individual departments manage their own Nurse Bank. The Allocation team will not contact the staff who have agreed to work, they will confirm the shift based on the information of approval you have provided.

For more information on Workforce, Bank and Pool please follow this link: [Workforce](#)

Additional Care Resources

Additional Care Resources may be required in the provision of optimal care for patients who present a risk to themselves, other patients or to the staff caring for them due to changes in behaviour, cognition, health status and/or a deterioration in mental health status (not exhaustive list of possible contributing factors).

The use of Additional Care Resources (formerly known as specialising) is an intervention that is sometimes necessary to ensure the safety and well-being of patients, staff and visitors. [Additional Care Resources](#)

The use of 'Additional Care Resources' staff is only to be used in exceptional circumstances and requires the approval of your Operations Manager. 'Additional Care Resources' refers to an additional staff member who is required for one of the following reasons:

- Patient safety e.g. the patient is at major risk of harming themselves such as an acute mental health condition or the patients' medical condition/acuity is such that an additional resource is required to provide best care to the patient.
- Staff safety e.g. where a patient is displaying behaviours that present a significant risk to those staff providing care for the patient.

Using an 'Additional Care Resource' is costly and requires a thorough review each shift (including clinical assessment and decision-making processes to support patients to remain independent, maximise their well-being and improve outcomes, while reducing the risk and incidence of deterioration or harm to themselves and others).

Alternate interventions must be explored prior to commencing an Additional Care Resource such as redistribution of patient allocation within current resources, cohorting of patients, diversional therapies, etc. and it is the Unit Managers responsibility to monitor the specific needs of these patients.

When appropriate, the Health Care Workers can perform the observation role for patient safety and a security officer for staff safety. Reports can be generated from HeWS that reflect the details of the ACR requests, use and cost. Please read the procedure [Additional Care Resources](#).

Managing Staff Leave

Annual Leave

Each Unit Manager is responsible for managing the units leave liability which includes annual leave and ADO's.

Managing leave is important from a systemic (ensuring our systems are not person-dependent), cultural (staff who take regular breaks are more productive) and financial (each year the annual leave liability increments with staff salaries and wages) perspective.

It is also each Unit Managers responsibility to ensure that rotating staff (i.e. graduate nurses and midwives) do not accrue excess leave prior to moving to another area. Excess annual leave is defined as more than 8 weeks of annual leave and more than 16 hours of ADO hours and can be difficult to resolve if not reviewed and managed on a regular basis. Please read the [Taking and Managing Leave Procedure](#).

High demand periods for leave. There are five defined high demand periods for annual leave.

1. **Christmas break:** Commencing the Monday before Christmas and extending through to the first Monday after New Year.
 2. **Summer School Holidays:** Commencing the first Monday before Christmas through to the second Monday in February.
 3. **School Holidays term one break** (usually incorporates Easter)
 4. **School Holiday second term break** (usually at the end of June)
 5. **School Holiday third term break** (usually late September)
- Staff may apply for leave at any time prior to 16 weeks before the commencement of the high demand period
 - Applications for leave will be reviewed by the manager 16 weeks prior to the commencement of the high demand period
 - The manager will advise staff of the outcome of their application no later than 14 weeks prior to the commencement of the high demand period.
 - Applications which are not submitted 16 weeks prior will only be reviewed where there is still leave available during the peak period.

All leave must be entered onto your HeWS platform and will indicate when the maximum amount of Annual Leave has been approved. Any additional Annual Leave requests for this time cannot be approved unless an exemption has been granted. This is at the discretion of your Divisional Director.

Note: Public Holiday Rosters as per legislation must be posted as a draft prior to official roster being posted. This allows employees to submit any further changes.

All leave should be requested on the relevant Leave Request forms (can be found in [People and Culture Forms A-Z \(sharepoint.com\)](#)) It is recommended you keep a copy of all approved and declined leave.

- All nurses and midwives are entitled to a minimum of 5 weeks annual leave per year based on their average hours worked for the past twelve months.

- Where the employee works 10 weekends or part thereof, they are entitled to one additional week's leave.
- At any given time 10% of your current employed FTE should be on annual leave, this includes peak periods such as school holidays, Easter and Christmas.
- From time to time your area may have reduced services, once your roster is complete you may offer additional leave above 10% of FTE.
- WH uses a paper-based leave application form.
- Nurses and midwives who are on RosterON are paid annual leave through RosterON. Refer to the Payroll Fact sheet for more details. [People & Culture - Payroll Fact Sheet - Western Health - V10 - 02-08-2023.pdf - All Documents \(sharepoint.com\)](#).
- If a staff member is paid via RosterON, approved paper leave forms are not required to be scanned or sent to Pay Office. There are some exceptions so please refer to [People & Culture - Payroll Fact Sheet - Western Health - V10 - 02-08-2023.pdf - All Documents \(sharepoint.com\)](#).
- For staff members who are paid via RosterON, a projected leave roster will need to be entered into RosterON. Leave projection should be a reasonable reflection of what the roster would have looked like had the employee There are new Annual Leave requests available in RosterON that replicate the shifts usually worked.
- If a staff member is paid via **autopay**, then their approved leave forms must be scanned and emailed to payroll at WHpaydata@mh.org.au.

Personal Leave

All WH staff are entitled to take personal leave. A staff member working under the N&M EBA 24-28, can take 5 days without a certificate per annum (calculated from date of commencement). A staff member may use a Statutory Declaration on 5 occasions per annum however the leave taken cannot exceed 3 consecutive working days or the staff member is required to provide a medical certificate. There may be case by case scenarios that are outside the above, please liaise with the Business Partnership Team to ensure we are acting within the agreement terms. All personal leave taken must be entered into RosterON.

Additionally, nurses and midwives are entitled to four days paid Compassionate leave; and it can be taken as a single continuous four-day period, or separate periods of at least one day each.

Staff working under the Mental Health EBA 20-24 have different personal leave entitlements, details located here (pg. 143) [Mental-Health-EBA-2020-2024.pdf \(wh.org.au\)](#).

Medical Certificates are not required by the Payroll team. Please scan all certificates/stat decs and email to peopleservicesoperations@wh.org.au.

Where certificated personal leave occurs whilst on annual leave, their annual leave can be converted to personal leave and a RosterON amendment form submitted to: paydata@wh.org.au.

Leave Without Pay

LWOP is only given in extenuating circumstances and must be discussed with your Operations Manager and your Director. As Unit Manager, you may approve LWOP applications for up to four weeks with the knowledge and approval of your Operations Manager and DONM. The Executive Director must approve all LWOP applications for greater than four weeks. [Taking and Managing Leave Procedure](#).

Long Service Leave

We suggest Unit Managers ask their staff to email peopleservicesoperations@wh.org.au and request email outlining the amount of LSL they have owing/accrued. This information/email should be attached to their leave application form, so the UM can be certain the LSL entitlement is available.

Applications for LSL will not be unreasonably declined. LSL is usually taken in weekly blocks however may be taken in single days if requested. Note: Employees under the Mental Health EBA 2020-2024 can only take LSL in week blocks.

One week of LSL is equivalent to the normal contracted weekly hours for an individual. All approved LSL requests must be scanned and emailed to peopleservicesoperations@wh.org.au and paydata@wh.org.au.

- Approved LSL must be added to your HeWS profile.
- LSL cannot be taken in order to work in paid employment elsewhere during the period in which they are contracted to work at Western Health
- Upon commencement of LSL, if the employee falls ill, the LSL will not be converted into paid Personal Leave, unlike illness during Annual Leave.

New breastfeeding provisions including paid break time, place to express or feed and a place to store expressed breast milk in the first year after the birth

Professional Development Leave

As per the current Nursing and Midwifery EBA, Nurses and Midwives are entitled to five days paid professional development leave every year. The entitlement for part-time employees will be on a pro rata basis. Professional development leave does not accumulate from year to year.

Nurses and midwives are also entitled to paid study leave, up to 108 hours per annum (pro rata) and up to 5 days examination leave if applicable as outlined in EBA. All applications for any type of professional development leave must be submitted to you for approval. All approved study leave must be managed locally by the Unit Manager.

Managing Rotational Staff - Graduate and Post-Graduate

Many clinical areas provide employment for nurses and midwives within the graduate and post-graduate programs. It is important that all rotating staff feel part of the team straight away and the best way for this to occur is for you to meet with all staff in their first day or two. If these staff have a positive experience, it can greatly improve your ability to recruit staff when you have shortfalls.

Western Health currently offers six graduate programs;

1. Registered Nurse Graduate Nurse Program [Graduate Nurse Program \(westernhealth.org.au\)](http://westernhealth.org.au)
2. Enrolled Nurse Graduate Program [Enrolled Nurse Graduate Program \(ENGP\) \(westernhealth.org.au\)](http://westernhealth.org.au)
3. Graduate Midwifery Program [Graduate Midwife Program \(westernhealth.org.au\)](http://westernhealth.org.au)
 - Combined Nursing and Midwifery Graduate Program [Combined Graduate Midwife/Nurse Program \(westernhealth.org.au\)](http://westernhealth.org.au)
 - Mental Health Graduate Nurse Program
 - Combined Mental health and General GNP
 -

*You will need to add rotational staff to your RosterON. Refer here for QRG's on how to complete this task. [Managing Payment in RosterON \(sharepoint.com\)](http://sharepoint.com). NMWU will coordinate the variations for when Graduates rotate to their next clinical area.

Managing Casual, Pool, or Agency Staff

You will have casual staff work on your ward regularly, especially staff from Bank and Pool.

Induction: It is organisational policy that all staff who work on your ward for the first time have an orientation to the ward and that this is recorded and stored locally. Refer link: [QR-Orientation-Checklist-and-Performance-Feedback-QR-codes-and-Process-flow.pdf \(wh.org.au\)](#)

This form needs to be kept on file (electronic) and accessible at all times for your nurses/midwives in-charge to refer to. Completion compliance is audited on a quarterly basis – when compliance is less than 100%, you may be asked to increase the frequency of auditing in order to raise awareness.

As experience and skill capability of our supplementary workforce varies, it is very important that introductions at the beginning of the shift cover their experience to ensure appropriate delegation occurs. It is important that casual workers are made aware of the workflow expectations within your area, who their resource staff are and that they are 'checked in' with on a regular basis throughout the shift.

Feedback on the performance of casual, pool and agency staff is also important in ensuring we have an appropriate and responsive workforce to meet organisational needs.

Feedback can be lodged via email NMWU@wh.org.au using the performance feedback tool found at [Bank/Pool performance feedback tool](#). If you feel that your concerns require urgent attention due to clinical risk and safety, please contact the NMWU via phone or email so your concerns are raised and addressed in a timely manner and if after hours, notify the After-Hours Clinical Hospital Coordinator.

When permanent staff would like to work additional shifts outside of your unit in other areas across the organisation, they are required to gain permission from you.

At Western Health, staff are unable to work in both part-time and casual roles and therefore any additional shifts worked are according to their part-time contract and therefore accrue additional leave – which ultimately will need to be paid from your cost centre.

If a permanent staff member is wishing to transfer onto bank permanently, then they are required to:

- Inform you as their direct line manager that they would like to transfer to Bank when terminating from your permanent position.
- Send an email to NMWU@wh.org.au making this request after they have had discussion with you.
- Ensure you as their manager is aware that they wish to transfer and that you do not commence a termination process based on their resignation from your area.
- You will receive an email requesting you to provide evidence of current working with children check and current completed competencies and a recommendation from you.
- Once all of the required steps have been undertaken, the staff member will be notified that their application to transfer to bank has been successful.

Managing Graduate Nurses and Midwives

The WH graduate nurse and graduate midwifery programs are 53 weeks long with participants employed at 0.8FTE. Both GNP and GMP Year 1 are comprehensive programs which offer the option of an additional one-year Grad+ Year 2. During this program, graduates are supported by Clinical Educators, Preceptors and Clinical Support Nurses.

Grad + Year 2 is an extended supported graduate year offering further rotations in areas of choice to further consolidate skills and knowledge. The extended program also provides a pathway to introduction to discovery and postgraduate studies.

More information about these programs can be located on the WH Intranet. [Education and Learning-Nursing and Midwifery \(sharepoint.com\)](#)

If/when a graduate nurse or midwife requires performance managing, support will be provided by your areas Nurse/Midwife Educator and the graduate program coordinator.

They will work together to come up with a management plan, provide additional support (if required) and set up regular meetings with the graduate nurse or midwife to provide feedback and forward plan. They may require your attendance at meetings, be open to feedback/support you have to offer and will include you in any decisions to be made.

For graduate nurses and midwives requiring intensive support, they will be rostered Monday-Friday roster so they can receive optimum one-on-one support, supervision and time for feedback. If a graduate nurse or midwife requires 'intensive support' this can be very daunting for them, so it is important you provide ongoing support and discuss the situation with your AUM group, so they are aware of how to support the staff member.

Staff Education & Training

As Unit Manager you have organisational responsibility to ensure your staff are clinically competent and complete the WH organisational training requirements. Information regarding training requirements at WH is outlined in the Training Requirements Procedure – link here [Training Requirements](#).

Mandatory Training

All education deemed mandatory, or compulsory must occur within paid time, overtime will apply and no deduction from professional development leave is allowed.

Annual Mandatory Training for all clinical staff include:

- General Manual Handling-WeLearn Module
- Back 4 Life competency assessment by one of your Back 4 Life Trainers +/- ward education team
- OVA -Occupational Violence and Aggression – WeLearn module
- Fire & Emergency Procedures – We Learn module.
- Basic Life Support – We Learn module + competency assessment by one of your BLS Trainers (on commencement and then as required).

Visibility of all mandatory competency completion is available on our Performance Dashboards [Quick links \(sharepoint.com\)](#).

Foundational Training Requirements

In addition to Mandatory Training Requirements, a number of Foundational Training Requirements are also required to be undertaken by staff, depending on their role and/or work location. Some examples of Foundational Training WeLearn modules include;

- Hand Hygiene
- Aseptic Technique,

- Blood Transfusion Practice
- AICED –Clinical Assessment Program
- Falls Prevention and Management
- Pressure Injury Prevention and Management
- Delirium Prevention and Management
- CVAD Management
- Preceptorship
- Clinical Handover
- Clinical Code Call System
- EMR modules
- Aboriginal Cultural Awareness
- Deteriorating patient
- NPS MedicineWise Learning Modules
- CVADs

As a Unit Manager you are also accountable to ensure that your staff have skills and knowledge to care for all types of patients/mothers that are routinely admitted to your ward. Education plans can be developed with your nurse educator or in collaboration with specialist services - for example renal services.

Each ward or area is required to nominate a staff member or members to be your (EMR) Super User and act as a resource for staff within the ward. The Super User will be required to attend professional development days to ensure that they are informed of all adjustments to the EMR.

It is advisable that you also complete the relevant EMR WeLearn training packages. There are a wide variety of resources available on or Education and Learning Intranet page.

All clinical areas will have a designated Clinical Support Nurse and Clinical Nurse Educator (shared with other areas). There are a wide variety of resources available on or Education and Learning Intranet page. [Education](#). Contact your Site Education Coordinator to learn who your educators are. [Edu&Learning Organisation Chart-2024.pdf](#)

Additionally there are various clinical and non-clinical training days offered at Western Health [Courses and Inservice's \(westernhealth.org.au\)](#)

Scholarships

A list of available scholarships for further study are also included in the Education and Learning Intranet page. [Postgraduate Education / Scholarships \(westernhealth.org.au\)](#)

Leadership and Development

Leadership

Whilst managing issues are important to the daily operations of your ward and team, effective professional and clinical leadership is fundamental in delivering best care.

As the Unit Manager you are the leader, and ultimately responsible for the ward culture and clinical care that is provided to patients by your nursing or midwifery staff, including casual and support staff. Whilst you may not always be involved with direct clinical care, you are responsible for setting and maintaining standards, ensuring staff work within their scope of practice, are aware of their professional practice boundaries, National Standards, and Western Health policies that underpin the care they provide.

Know and Engage your Team.

To support collective understanding of the professional practice expectations the Unit Manager should review and if required, re-establish the following strategies during orientation;

- Regular 1:1 meeting with ANUM/AMUMs
- Monthly ward staff meetings with agenda, minutes which are circulated to all for knowledge/action.
- Monthly senior nursing or midwifery meeting to review data and discuss opportunities for improvements.
- Shift handovers that comply with Western Health's ISBAR framework
- Multidisciplinary "huddle times" during the shift to facilitate communication/access/flow.
- Regular end of shift huddles to check in with all staff, ensure work allocations are suitable, and show appreciation for their work.

As Unit Manager it is important that you get to know your staff during orientation. Before meeting with individuals, consider reviewing the following Key Performance Indicator Reports to assist planning the conversations;

- Annual performance review staff [Performance Development \(sharepoint.com\)](#)
- Nominated ward champion roles (if applicable)
- Portfolio (if applicable)
- Involvement in ward improvement activities
- Areas of interest to the individual staff member
- Compliance figures for mandatory training
- Excess annual leave and ADO reports
- Personal Leave report

Spending time with your staff and supporting them to achieve their career goals is an enormous responsibility and privilege. Developing staff and celebrating their successes is one of the highlights of the Unit Manager role.

Ward/Unit Portfolios

All AUM's and CNSs should be delegated responsibility for a portfolio. Many teams have allocated a role to all permanent staff members. Typical portfolios may include;

Rosters	OHS Audits
Infection Prevention Link Nurse	B4L Trainer
Medication Champion	Equipment Lead
Stores Management	Preceptorship
Quality Improvement projects	Handover Champions
Falls Prevention Champions	Delirium Champions
Pressure Injury & Champions	Contenance Champions
Sustainability	Nutrition Champion
EMR Super Users	Consumer Information
End Of Life Care Champion	Knowing How We are Doing Board
Deteriorating Patient Champion	

Find out who your champions are and connect with them during double-staffing to attend to their portfolio responsibilities. This is the most impactful strategy to support your team to do this important portfolio work.

Leadership Development Programs.

At Western Health, we believe leadership is an action that every single staff member can practice in their daily interactions with colleagues, patients and the broader community.

Western Health continually invests in staff leadership development, providing multiple opportunities for all craft groups. e.g. cross-discipline mentorship programs, targeted leadership courses, leadership forums, 'Inspire Awards' and scholarships.

Our Leadership Capability Framework will help us 'unleash their talent' by helping them understand their leadership competencies in their current role and what they need to do to enhance their skills and land their next great job! [Home | Unleashing Talent \(wh.org.au\)](#)

Additionally, our Nursing & Midwifery Directorate also sponsor a wide range of programs designed to develop our managers and leaders, irrespective of where they are in their career. [Leadership Development - Nursing & Midwifery \(wh.org.au\)](#).

Western Health offer a range of Leadership Development opportunities and courses and encourage our Unit Managers to participate and support their local leadership teams to also undertake leadership development too.

Courses include

- AFL -Advancing Frontline Leadership – Targeting Associate Unit Managers
- C2M – Clinician to Manager – targeting newer Unit Managers and AUMs who are required to act in UM roles.
- Emerging leader program - This program is designed for clinicians aspiring to become supervisors, managers, and leaders at Western Health
- Lead Well program- This program is tailored to equip middle managers across all disciplines with the necessary skills and confidence to excel in their roles.

Please contact your DONM for further information if interested.

Staff Performance

Performance Development

Every staff member at Western Health is required to have an annual performance development plan in-place. This is developed between the staff member and a manager. This should be a working document that allows manager and employee to discuss performance development plans throughout the year. All of the information, associated forms + QRGs are located here: [Performance Development \(sharepoint.com\)](#).

*Many clinical units/wards Unit Managers share this role by dividing the staff and allocating each staff member to an AUM to complete the annual Performance Review. This leaves the UM to complete the AUMs and CNS team on the ward. In this case, be sure to review each staff members PDP before uploading to SharePoint, so you can direct opportunities to the appropriate staff member when they arise.

PDP Completion rates can be viewed in the People & Culture Performance Dashboards. Note: Western Health will be moving to Talent Hub in 2025, and the processes for annual performance development plans will change significantly. Stay tuned!

Inspire Awards

The Western Health INSPIRE Awards recognise employees and volunteers, individuals and teams, who foster a positive workplace and inspire others to live our values. The awards offer another way of saying thank you to someone who has made a difference to your day or to the experience of patients or others.

We encourage patients, visitors, employees and volunteers to help us promote our values and a positive workplace at Western Health by nominating individuals or teams who are making a difference for an award.

All you have to do is to tell us why your nominated person or team deserves a thank you and we will enter them into the next award process. Awards will be presented at an award ceremony twice a year. [INSPIRE Awards \(sharepoint.com\)](#)

Nursing & Midwifery Awards

Each year Western Health bestows a number of awards to celebrate the accomplishments of our Registered Nurses, Enrolled Nurses & Midwives. The awards recognise excellence in nursing/midwifery practice and supporting the Best Care vision at Western Health.

There are awards for:

- Nurse or Midwife of the Year
- Nursing or Midwifery Team of the Year
- Nursing / Midwifery Legend
- Nursing / Midwifery Leadership

The awards are judged on the criteria of demonstrated contribution to supporting the Best Care vision at Western Health. Anyone can nominate a nurse/midwife for the awards; however, a nominee must be a Western Health Registered Nurse, Registered Midwife or Enrolled Nurse to be eligible.

Further details and nomination forms are located on the Nursing & Midwifery microsite. [Nursing and Midwifery Excellence Awards](#). Nominations must be submitted each year by early November.

Absenteeism

Western Health is committed to addressing unplanned absence across the workforce. Poorly managed absence contributes to productivity and financial losses across the Health Service and can have a detrimental effect on morale.

Unit Managers should plan to catch up with their staff after an unplanned absence and enquire after their well-being and discuss any matters relating to the absence.

Maintaining open communication with employees in relation to their work attendance and absences is important. It supports information sharing so you can understand the circumstances preventing their attendance to work and develop work arrangements that support improved attendance and engagement. Employees can see the support from managers and become more forthcoming with their leave intentions.

Catching up with your staff members after each absence is one of the most effective tools for managing short-term absenteeism as it fosters an open and more supportive culture and can act as a deterrent for non-attendance for disingenuous reasons. The purpose of the discussion is to identify ways in which the employee can be supported and assisted to maintain attendance. It should be noted that this discussion is an informal process and not a disciplinary action.

On occasion, the attendance pattern of an employee may be concerning and may warrant a more serious conversation than a return from absence discussion. Managers should refer to the following guide: <https://westernhealth.sharepoint.com/sites/OurPeople/SitePages/Managing-Unplanned-Absence.aspx>

Managing Underperformance

If clinical or behavioural performance issues are not managed, it can lead to safety issues for patients, other staff and damage morale within your unit. This is often a difficult issue for new Unit Managers to confront, but when well managed it can have a significantly positive outcome for your staff and ward. Your Operations Manager, People & Culture Business Partner and DONM are all available to assist you.

In cases where a staff member is alleged to have engaged in serious and wilful misconduct, you should immediately refer the matter to your Divisional Director, DONM and P&C Business Partner. If you are unsure, you should contact your People and Culture Business partner and your Director of Nursing and Midwifery as soon as possible for advice and support on the most appropriate course of action.

[Managing Underperformance \(sharepoint.com\)](#) intranet site provides all of the information you will need to effectively manage these situations.

Reasons for Underperformance

There are many reasons why an employee may perform poorly. These include, but are not limited to:

- The employee does not know what is expected of them.
- Interpersonal differences
- The employee does not have the knowledge, capabilities or skills to do the job they are required to undertake.
- Lack of feedback on the employee's performance by their manager
- Diminished motivation, low morale in the workplace and/or poor work environment
- Personal issues
- Cultural misunderstandings
- Workplace bullying.

Issues relating to poor performance must be dealt with promptly and appropriately because if they are left unaddressed, they have the potential to become more serious over time. This in turn affects the productivity and performance of the entire workplace.

If you have concerns regarding an employee's performance, you should contact your **People and Culture Business Partner** for assistance and advice and escalate to your operations manager and DONM.

Positive Workforce

The Positive Workplace Strategy sets out actions that will help strengthen and sustain a positive workplace environment at Western Health. This is an environment which is:

- Free of negative workplace behaviours.
- Where employees and volunteers feel safe to work, where they work to their full potential and where Western Health continues to advance as a leading health service.
- The best possible environment not only for our employees and volunteers, but also for the half a million patients who depend on us to be compassionate and respectful for their sake every day.

There are Positive Workplace Contact Officers whose role is to ensure employees and volunteers of Western Health feel supported, can discuss concerns and are informed of options for action.

Our Positive Workplace Resolution Officers role is to facilitate positive interactions at Western Health. Concerns can be raised via our Contact Officers, who are experienced, respected and will confidentially address concerns, or via our Issues Vault.

For more information visit the Western Health Intranet People & Culture page, or the Positive Workplace Strategy Website [A Positive Workplace at Western Health \(sharepoint.com\)](#)

Sustaining a Culture of Respect and Engagement (SCORE)

People, Culture and Communications have partnered with Deakin University School of Psychology and PeopleScape, to implement Sustaining a Culture of Respect and Engagement (SCORE), an evidence-based program of work.

This work focuses on team-based interactions to deliver and measure an improved culture. SCORE helps workgroups overcome forces that weaken their culture of civility and respect. It targets culture, and helps workgroups build on the positive to improve how they work together. Evidence tells us that positive respectful workplaces provide better care and better patient outcomes, as well as a better experience for every employee. For more information about the program visit the Western Health Intranet [SCORE \(sharepoint.com\)](#).

If you and your team are interested in enhancing workgroup culture and reducing workplace incivility please contact Jo Wintle, Consulting Psychologist OCLD Team on jo.wintle@wh.org.au.

Employee Positive Workplace Issue Resolution (EMPOWIR) Strategy

We need to recognise inappropriate and unacceptable behaviour and learn how we can find better ways of challenging that behaviour in a safe and effective manner. We all have a duty to not 'walk past' unacceptable behaviours.

Western Health has introduced a strategy for sustaining a positive workplace. We call it the Employee Positive Workplace Issue Resolution Strategy or EMPOWIR for short. [EMPOWIR - Employee Positive Workplace Issue Resolution \(sharepoint.com\)](#)

EMPOWIR is an informal tool that includes the peer resolution process for employees and volunteers to deal with or resolve workplace issues, complaints or concerns. EMPOWIR is a mechanism for staff and volunteers to provide a confidential and anonymous notification of inappropriate behaviour in the workplace.

Visit the Western Health Intranet to find out more about EMPOWIR, the Positive Workplace Issue Centre or to obtain a list of Positive Workplace Contact Officers.

Staff Support and Wellbeing

Employee Assistance Program (EAP)

Western Health's Employee Assistance Program (EAP) is a voluntary and confidential service, available to all employees and their immediate family members, who have personal and/or work concerns that affect their personal wellbeing, their experience of work and/or work performance.

Western Health's EAP service is provided by an external provider, Caraniche. All Counsellors are qualified and experienced professionals who have extensive experience in their specialty areas. The EAP service involves you speaking with an EAP Counsellor either face-to-face, over the phone or via the internet. Support is available 24 hours, 7 days a week. For more information, please visit [Employee Assistance Program \(EAP\) \(sharepoint.com\)](#)

To access the EAP program staff can self-refer directly to Caraniche at Work to schedule an appointment with one of the available psychologists or contact the Wellbeing Unit for assistance in arranging support services. Note: email and web bookings are responded to during business hours only.

- Email: work@caraniche.com.au
- Online booking: <https://work.caraniche.com.au/make-a-booking/> WH's unique Employer Code: **WEH147**
- **ABSTARR – Aboriginal and Torres Strait Islander EAP**

Peer Support Program

The Peer Support Program is an initiative where trained employees volunteer their time to provide informal and confidential support to all employees and volunteers who may be experiencing challenges. [Peer Support update \(sharepoint.com\)](#). These volunteers and the program complement other Western Health employee support services such as the Employee Assistance Program.

Patient Access and Flow

Managing Patient Flow Western Health use the MIYA Precision Bed Management System. [Miya Precision Bed Management System \(sharepoint.com\)](#)

Western Health Access Team Admission Procedure: [Access and Patient Flow Procedure](#)

WH Director of Access and Patient Flow has overall accountability for the flow and safe bed allocation across Western Health. Within the Access Team, there are several roles responsible for supporting access and flow:

Bed Coordinators

- Responsible for proactively supporting patient flow and resolving issues related to patient access.
- 2 bed coordinators 7 days/week – 0700-1930 and 1 bed coordinator 7 days/week – 1900-0730
- Responsible for the allocation of all acute beds across WH, and act as the primary initial contact point for queries about bed management in a centralised model.

Clinical Hospital Coordinators

- Footscray and Sunshine have 1 CHC 24/7
- Williamstown and Bacchus Marsh have a CHC between 1400-0730 on weekdays and 24/7 on weekends and Public Holidays.

Operations Managers Access and Patient Flow.

- Monday to Friday 0800 -1630. Responsible for supporting the Access team and implementing improvements for Access and patient flow.

Transit Lounge

Sunshine Hospital and Footscray Hospital each have a Transit Lounge to support delivery of timely care to our patients.

There are two streams of patients in the Transit Lounge:

- Inpatients: Patients who are waiting for a ward bed, surgery, or hospital transfer.
- Discharges: Patients who are Ready for Discharge from any unit going home or being transferred to a supported facility

Transit Lounge Inclusion Criteria

Inpatients	Discharged Patients
<ul style="list-style-type: none"> • Patients from: <ul style="list-style-type: none"> ○ WH Emergency Departments, including Short Stay Units ○ Outpatient clinic ○ Home or GP ○ Other health service • Patients for direct/elective hospital admission 	<ul style="list-style-type: none"> • Patients discharging to: <ul style="list-style-type: none"> ○ Home – including those requiring Hospital in the Home, Western @ Home Services ○ Residential Aged Care Facility (RACF) ○ Any other supported facility • Patients awaiting medications, discharge prescription, or medical certificate. • Patients requiring last dose of simple medications (e.g. IV antibiotics, insulin), medical imaging or pathology results prior to discharge. • Patients awaiting discharge consultation from medical officer or allied health. • Patients awaiting transport or pick-up and requiring clinical care and supervision.

Exclusion Criteria

- Not accepted for admission by a treating team
- Clinically unstable or at risk of becoming clinically unstable, including those with expired altered MET criteria.
- Requirement for observations more frequently than two-hourly
- Moderate to very high risk of Violence (Behaviour of Concern Score [BOC] of >0)
- High falls risks and incontinence
- Patients requiring 1:1 or full nursing care requirement at discretion of Nurse in Charge (NIC).
- Patients on any transmission-based precautions and patients on standard precautions but with multi-drug resistant organism (MDROs) in their urine or faeces
- Paediatric Patients
- Confused or wandering patients.
- Obstetric patients

Standardised Discharge Planning

Western Health aims to prioritise and facilitate a safe and timely discharge for all patients. As demand on the health service increases, standardising discharge processes allow us to use our resources more efficiently by encouraging collaborative forward planning that will help with discharging patients earlier in the day.

The standardisation of the discharge process is outlined in a guideline and describes the key elements for planning and preparing a patient for discharge on your ward. The Unit Manager has a pivotal role in supporting and driving the discharge process. The discharge procedure is outlined in this link. [Discharge](#) Procedure.

Key Elements for Standardised Discharge Planning

- Hospital discharge time is 10am, the exception to this are patients awaiting medical investigations or procedures prior to discharge.
- Discharge planning should be discussed on all ward rounds and communicated to the multidisciplinary team, in particular the Nurse in Charge.
- Where able within 24 hours of admission, the multidisciplinary team reviews the EDD and advise the NIC if they identify any potential barriers.

- The patient journey board/MIYA and iPM should be updated daily by the Ward Clerk to reflect the EDD.
- Consider use of Transit Lounge (FH & SH only) for appropriate patients ready for discharge prior to 10am awaiting pharmacy or transport.
- When possible, the Discharge Prescription is to be sent to pharmacy on the day prior to discharge.

Any discharge barriers identified by the NUM / MUM should be escalated to the operations manager to problem solve as early as possible in the patient's admission. This includes early identification of patients at risk of becoming a stranded/long stay patient.

Always escalate any issues that may delay or prevent patient admissions and/or discharges to your ward to your Operations Manager or Access team. We are a team at Western Health, and together we can usually problem solve any tricky situation.

Please ensure you contact your Improvement and Innovation Partner if you require further assistance with embedding the standardised discharge process into your normal workflows on the ward.

Long Stay Patients

Patients in acute wards who have stayed more than 14 days are deemed long stay patients. Be aware of these patients and proactively initiate discussions centred on the individuals needs in discharge planning with the patient's team. Early escalation of barriers to discharge to your Operations Manager, Head of Unit or Divisional Director are expected to occur.

Finance

Delegation of Authority

The Delegations of Authority outlines all positions within the organisation that have been granted delegated authority, including the Unit Manager role. You cannot delegate your authority to another person. However a delegate may approve a specific purchase and authorise a subordinate to facilitate the purchase.

In general terms, Unit Managers are able to:

- Authorise operating expenditure for items less than \$10K.
- Approve domestic travel for your team.
- Approve overtime for your team.
- Approve reimbursement of expenses for your team
- Approve paid leave for your team.
- Approve conference, professional development, exam leave for your team.
- Approve timesheets/pay lock rosters for your team.

These delegations are updated at least annually. To find out more about your delegation, the delegation of other roles and how to get a delegation please click [Delegations of Authority Framework.pdf \(wh.org.au\)](#)

New Equipment

Depending on the product, you will need to get quotes for the equipment or contact either the Supply Department or Biomedical Engineering who may obtain the quote for you. If the equipment you require is <\$1000 you can approve it via e-requisition, and it won't need to go through any further approval tree.

For equipment >\$1000, the e-requisition will also get forwarded to your Divisional Director. In these cases, it is important to notify your manager of the equipment need and cost prior to creating an e-requisition so they understand the rationale for your purchase. It will also prevent unnecessary delays in approval.

Always ensure all new electrical equipment has been tested and tagged by biomedical engineering before use on the ward. This can be organised by submitted a PULSE request.

Urgent/ Essential Requests for Equipment

There may be occasions when something breaks down in your unit and is no longer able to be repaired. If it is a smaller piece of equipment (i.e. costing < \$1000) then you can organise to purchase a new one via FMIS and cost it to your equipment <\$1000 account. However, if it is something substantial, (i.e., fridge/freezer)

1. Discuss with your Operations Manager the need to replace major equipment that is considered urgent or essential.
2. Obtain a quote / quote (refer to purchasing policy) for this equipment. Supply department may be able to assist you with this process. HPV for quotes/suppliers may need to be consulted.

FMIS & Basic Consumables

As a Unit Manager you will be required to authorise any purchase which includes consumables, and all orders are lodged using the FMIS platform. You will need to get access to this platform; your manager can complete the Iproc User Application Form which is found on the finance intranet [Finance \(sharepoint.com\)](#)

The finance intranet site has Tip sheets to cover every question you may have. [FMIS Tip Sheets \(sharepoint.com\)](#)

Monthly Expenditure

As a Unit Manager, you are required to monitor your Cost Centre's expenditure, carefully monitoring any variations in spending and ensuring resources are effectively managed. This information is available on the Performance Dashboards and MaP. Please liaise with your Finance Business partner and Operations Manager if you require assistance with accessing or interpreting these reports.

Safety, Quality and Risk

Statement of Priorities (SOP)

The SOP is an agreement between Western Health and the Victorian Minister of Health. The SOP establishes the expectations of Western Health's service delivery to the state-wide and local community. Monitoring of SOP performance priorities occurs monthly by the Department of Health with the CEO and Executive. These SOP include KPI's, targets and definitions of measures. Refer to the following link for more details.

<https://www.health.vic.gov.au/sites/default/files/2023-10/victorian-health-services-pmf-business-rules-2023-2024.docx>

Unit Manager leadership plays a critical role in the achievement of the SOP and Unit Managers measure and monitor a number of quality patient sensitive indicators that link to the overall SOP for Western Health.

It is expected that Unit Managers display up to date information in a public location on the "Knowing How You Are Doing Board" as well as discussing results and improvement strategies with the team.

Most clinical performance measures are located on our Power BI system dashboards. [Report Index - Power BI](#)

Please organise an education session with your Business Analyst and your Best Care Coordinator to go through the financial and non-financial dashboards with you.

Occupational Health & Safety

Western Health is committed to ensuring the health, safety and welfare of its employees, contractors, volunteers, patients and visitors and the pursuit of best practice for the prevention and management of workplace injury and illness.

Our aim is to ensure that moral and legal obligations are addressed by providing and maintaining, as far as is reasonably practicable, a working environment that is safe and without risks to health.

Western Health recognises the potential for occupational violence and aggression (OVA) to occur in the health industry. [Safety, Risk and Emergency Management \(sharepoint.com\)](#).

The Executive and Board are committed to the development of suitable organisational processes for the prevention and effective management of OVA for the protection of staff and others in the workplace. This [Occupational Violence and Aggression \(OVA\) at Western Health \(sharepoint.com\)](#) intranet site is designed as a staff and volunteer communication platform to highlight developments, systems, processes, and campaigns for the further management of OVA

As a Unit Manager you are accountable for:

- A safe workplace for their employees, volunteers and themselves.
- All hazards are identified, and plans developed to eliminate or minimise the risk.
- Employees and volunteers receive appropriate induction and training to safely undertake work tasks. Accidents, incidents and near misses are reported and are appropriately followed up with suitable preventative actions developed, implemented and monitored for effectiveness.
- Suitable consultation occurs with Health and Safety Representatives (HSR's) and employees where workplace changes or new equipment etc. are being considered. Health, safety and wellbeing values and goals are promoted to employees and volunteers and demonstrated by their actions.

Reach out to our Occupational Health and Safety team for advice and/or support if needed.

Injury Management (Early intervention, Injury Assist Leave, RTW planning and Workcover claims)

Injury Management is defined as a workplace-managed process incorporating the employer, employee and their treating health practitioners. The aim is to ensure injured employees receive early, accurate and appropriate medical assessment and to enable a safe and timely return to meaningful work. Western Health has an excellent Injury Management team to support managers and employees as required. [Injury Management and Workplace Health Team \(sharepoint.com\)](#)

Return to Work (RTW) planning means the individual return to work plan or program developed to the specific needs of the staff member in consultation with their treating practitioner, line management and the Injury Management Coordinator.

Non-work-related injuries may also qualify for assistance in conjunction with support from People and Culture Business Partners. For minor incidents Western Health can offer support to employees through Injury Assist Leave and/or limited Medical & Like treatment. For Worker's Compensation claims Western Health will manage in accordance with the Victorian Workplace Injury Rehabilitation and Compensation Act 2013 (WIRC Act).

All managers and supervisors are required to:

- Ensure that suitable duties will be arranged having regard for the injured person's medical restrictions; and
- Be actively involved in the implementation and monitoring of the Return-to-Work Program.

The emphasis should always be on early intervention and assisting a staff member to remain at work, whether that is on alternative or modified duties and/or a reduction in working hours.

- Inform your AUMs of the incident and plans for returning to work as they will need to support the staff member and be aware of any medical restrictions.
- Periodically throughout the staff members return to work (usually fortnightly to monthly) you will meet with the staff member and Injury Management consultant to discuss their progress and any concerns and a plan for the next 2-4 weeks.

The Injury Management consultant will arrange to meet with all parties prior to the expiry of the previous plan to ensure another is developed prior to any medical reviews. This ensures proactive planning and assists with any roster changes in advance.

Best Care Governance & Support Division

The Best Care Governance & Support Division;

- Support incident management and patient safety.
- Manage/coordinate patient feedback and complaints.
- Support the organisation to manage incidents, consumer feedback and quality system support.
- Identify and act on opportunities for improvement using proven improvement methodologies.
- Support and maintain the Riskman System
- Provide medical advice, support variation monitoring and clinical care standard review.
- Provide analytical assistance, performance report development and clinical audit support for the division.

All of our Unit Managers become very familiar with our Live Best Care Intranet site! It is an excellent resource. [Home - Live Best Care \(wh.org.au\)](http://wh.org.au) It also contain Quick links to our Auditing Portals, Improvement Registers, Performance Dashboards and Best care Action plan. <https://westerly.wh.org.au/livebestcare/#>

Riskman

The incident reporting system used at Western Health is Riskman. There is an icon on the desk-top of every computer. All of your staff should have access to Riskman so they can lodge an incident when they occur. Your staff should have you nominated as their manager in Riskman. Each time any of them lodge an incident it should come to your email and Riskman inbox. Your role and responsibilities as a Unit Manager are to:

- Review all RiskMan as soon as possible. It is safer and more efficient to address issues as they occur.
- Review all fields in each RiskMan report to ensure reporting accuracy. It is important that incidents have been classified correctly (e.g. if it is a fall, has the 'slip/ trip/ fall' classification been used), as this information filters to the Performance Dashboards, and report adverse events on your ward in real time. Sometimes these fields will also need to be amended post investigation if injury is identified after the initial report was filed.
- NB. There are QRG's available to guide the investigation of patient falls and pressure injuries. These are located on the Live Best Care intranet site. Link is here: [Resources - Live Best Care \(wh.org.au\)](http://Resources - Live Best Care (wh.org.au))

- Follow up on the incident as soon as possible. Almost always this will require a conversation with the staff member/s involved. This provides a good opportunity to ensure the staff involved gain an understanding of why it happened, what happened, where it happened, who was involved and what can be done to prevent a similar incident. This is part of their professional learning and development. Timely follow up is vital to ensure the risk for a repeat incident has been mitigated.
- Document the outcomes of the review) including any actions implemented to ensure that the risk of recurrence is prevented or eliminated, who it has been escalated to if no resolution and feedback given to staff involved.
- Finalise the investigation once completed. Your Best Care coordinator is an excellent resource to assist with better understanding clinical risk management.
- Your AUM team should also review, investigate and progress incidents that occur on their shifts.
- WH Riskman Coordinator is [Jess Kaur - Live Best Care \(wh.org.au\)](#). Please contact her with any queries.

Clinical Incident Management, Investigation, Notification and Reporting

All incidents must be reviewed. [Clinical Incident Management, Investigation, Notification and Reporting](#)

For tips on investigating and closing Riskman there are cheat sheets on the Live Best Care intranet site.

Escalate ASAP to your Best Care Coordinator and Operations Manager if an incident occurs that is reported as an ISR 1 or 2 or has resulted in serious harm as incident may be classified as a Serious Adverse Patient Safety Event (SAPSE).

When a patient has experienced a SAPSE, WH is mandated by the SDC legislation to provide the Patient / NOK, with:

- A written account of the facts regarding the SAPSE
- An apology for the harm suffered by the patient
- A description of WH's response to the event
- Steps that WH have taken to prevent re-occurrence of the event.
- Supportive resources information

WH must also comply with requirements outlined in the Victorian Duty of Candour Guidelines.

The Best Care Coordinator will guide you through this process. [Statutory Duty of Candour](#).

Consumer Engagement and Managing Complaints

Despite the best efforts of our staff in caring for patients we will sometimes receive a complaint from a patient or their relative. These complaints may come directly to you as the Unit Manager. On other occasions it may come via one of your staff, via a written format or the patient/relative may choose to go directly to the Patient Representative.

If a complaint comes directly to you (or via your staff), it is your responsibility to follow up on that complaint, discuss the situation with the staff involved and then respond to that patient or relative either via a one-on-one conversation, letter or phone call. More often than not, they just want to be heard and understood. Please remember, that whilst sometimes hearing a complaint can sometimes be challenging, a complaint may be an opportunity for us to improve. There are often many factors influencing a situation, and we should be grateful that the person is taking the time to feedback.

If the complaint goes directly to the Patient Representative, they will triage the complaint and direct the complainant to you. The patient representative team act as a resource for staff in the complaints management process. If the

complaint can't be resolved at the ward/unit level or the complainant is no longer an inpatient, the patient representative will co-ordinate the management of the complaint. Early intervention and response to concerns raised frequently prevents the situation from escalating into a more serious problem. A complaint remains open until all concerned are satisfied that a satisfactory resolution has been achieved. [Consumer Feedback Management Procedure](#)

All complaints and compliments must be logged on Riskman, your Best Care Coordinator can help you with this. Rachyl Brooks is our Patient feedback lead. [Rachyl Brooks - Live Best Care \(wh.org.au\)](#)

Improvement and Innovation

Improving the work done every day should be a core task of all Western Health staff. As a Unit Manager you will identify potential areas for local improvement, drive improvement activities in your area and encourage and support staff to participate in improvement. Western Health has a systematic, organisation-wide approach to commissioning, diagnosing, designing, implementing, evaluating and sustaining improvement and innovation activities. [Improvement - Live Best Care \(wh.org.au\)](#)

The Improvement and Innovation team is available to provide training to you and your staff in improvement methodology, and to provide coaching and support for your improvement project. The team has expertise in problem solving, data analytics, and meeting facilitation, and also has a suite of tools available to assist your work. Please contact the team if you are interested in starting a project or need support with existing work.

Audits

Your Best Care Coordinator, Operations Manager and/or Divisional Director will outline the audit schedule required on your ward or unit. Some audits are linked to specialist activity within the Division, while others, such as environmental audits or Back for Life competency assessments are an SOP KPI.

Western Health also undertake Auditing Best Care Bedside Audit every 6 months.

From time to time your department/ward will also be subject to internal and external Health and Safety audits consistent with our Australian Standard 4801 Health and Safety certification requirements.

As Unit Manager you may delegate the completion of audit to your team members, however, timely completion of audits and submission of data before deadlines is a Unit Manager accountability.

Accreditation

Western Health undergoes mandatory assessment against the eight NSQHS Standards (Accreditation). This takes the form of 3 yearly organisation-wide surveys. The NSQHS Standards compliance activity and accreditation surveys support us to monitor, review and continually improve Best Care.

- Standard 1. Clinical Governance
- Standard 2. Partnering with Consumers
- Standard 3. Infection Prevention
- Standard 4. Medication Safety
- Standard 5. Comprehensive Care
- Standard 6. Communicating for Safety
- Standard 7. Blood Management
- Standard 8. Acute Deterioration

Western Health may receive an announced visit at any time from a team of assessors. This 'Short Notice Assessment' modality is designed to ensure that we stay focused on providing Best Care every day. To assist all staff in being prepared for an accreditation visit we have a comprehensive Accreditation Intranet page on the Live Best Care microsite. [Accreditation - Live Best Care \(wh.org.au\)](https://www.westernhealth.org.au/accreditation)

Change Management

Leading and managing change to improve the patient experience and outcomes in your area is a constant part of your role. Change management can occur as your staff recognise more efficient ways to do things, or your ward performance data indicates there is an issue, or it can be driven organisationally.

Planning for and implementing change strategies is an important part of your role, and it is essential to engage your team in the improvement process. [Organisational Change \(sharepoint.com\)](https://www.westernhealth.org.au/organisational-change).

Fundraising

Western Health welcomes and encourages members of the public including staff, patients, and families to fundraise. Raising funds is sometimes a practical way a family member can help a patient and a common way for patients and their families to show their gratitude for the care and compassion they have received.

There are a number of large events organised by the Western Health Foundation and we also provide an opportunity to support the individual to do what they want to do to raise funds (head shaves, morning teas etc.). It is important the Western Health Foundation is aware of the activity so it can ensure it is in line with our values, legal requirements and so that we can support the fundraiser appropriately.

Donations

Western Health welcomes donations from the public including patients and their families. All donations over \$2 are tax deductible with a receipt. If someone wishes to donate to your service, please contact the Western Health Foundation for instruction on next steps. [Western Health Foundation \(sharepoint.com\)](https://www.westernhealth.org.au/western-health-foundation).

The Fundraising department will ensure the nominated area receives this gift, and the donor receives the tax-deductible receipt and is acknowledged for their generosity.

Appendix: 1 Unit Manager Domains of Practice Standards

The following are a set of minimum standards that are expected of all Western Health Nurse/Midwife Unit Managers. These form the basis of the skill development tool which is reviewed annually at your performance review. These standards are designed to help focus the prioritization of your work and drive continuously improve in your clinical area. All Western Health Nurse and Midwifery Unit Managers are expected to deliver on:

Professional Leadership and Management

- Role model the Western Health values in all interactions
- Lead and promote the Western Health nursing & midwifery strategy.
- Conduct daily patient rounding.
- Ensure patients and/or their families know who they are.
- Ensure all staff introduce themselves by name to the patient and carers, explain what they are doing and why.

- Be the clinical leader, set the clinical standards and be part of the on floor clinical team at least once per week.
- Update their 'Knowing How We are Doing Board' every month. Ensure it is displayed in a public space and all staff are familiar with the content.
- Lead local implementation of organisational initiatives.
- Support staff to ask questions of practice, be bold and open to new ways of providing Best Care

Support of Systems

- Lead systems to support timely patient access and flow.
- Monitors budgets and can provide rationales for areas exceeding budgeted amounts.
- Budget FTE is known, monitored and shortfalls minimized to ensure Western Health nurses and midwives are working alongside each other 24/7
- Rosters are balanced, enterprise agreement and Safe Patient Care Act compliant and developed in accordance with roster guidelines.
- Timely recruitment practices occur.

Direct Best Care

- Current performance development plans in place for all staff and are known by the Senior Nursing or Midwifery team of the ward.
- Open communication with staff, consistent leadership and proactively manage performance.
- Implement agreed strategies from staff culture survey.
- Ensure all staff mandatory training is up to date.

Education, Research and Quality

- Actively contribute to and champion improvement initiatives including those that drive patient flow improvements.
- Utilise patient/consumer feedback to drive improvement.
- Share ideas that lead to innovative practice and sound management techniques.
- Promote evidence-based care and clinical inquiry.
- Support various WH Champion programs by nominating key staff to attend training, and conduct QI audits/activities in the ward; including:
 - Falls Prevention Champion
 - Pressure Injury Prevention Champion
 - Nutrition Champion
 - Delirium Champion
 - EMR Super User
 - Medication Safety Champion

Appendix: 2 Nurse and Midwife Unit Manager Orientation Plan

The table below provides an outline of the key objectives for you to achieve during your orientation and familiarization period. Your mentor, Divisional Manager and Director of Nursing and Midwifery will guide you through the process to ensure your objectives are met. You are also advised to draw on the knowledge and experience of others around you.

Week 1 Supernumerary	Complete
<ul style="list-style-type: none"> • Complete hospital orientation WeLearn module (if new employee) 	

<ul style="list-style-type: none"> • Ward/Unit Orientation (includes time out on the floor observing) 	
<ul style="list-style-type: none"> • Review Organisational charts and structure 	
<ul style="list-style-type: none"> • Meet Buddy Unit Manager 	
<ul style="list-style-type: none"> • Observe clinical handover 	
<ul style="list-style-type: none"> • Meet with Operations Manager and review/ensure access to: <ul style="list-style-type: none"> <input type="checkbox"/> Relevant divisional folders on Shared Drive <input type="checkbox"/> Relevant divisional email groups <input type="checkbox"/> RosterON <input type="checkbox"/> EMR <input type="checkbox"/> FMIS <input type="checkbox"/> MIYA <input type="checkbox"/> SharePoint and relevant TeamSite committees <input type="checkbox"/> Riskman <input type="checkbox"/> PeopleHub <input type="checkbox"/> Western Health email <input type="checkbox"/> HEWs access. <input type="checkbox"/> Paging system <input type="checkbox"/> Car Parking <input type="checkbox"/> ID Swipe badge and magnet badges <input type="checkbox"/> DOS meetings are added to your calendar 	
<p>Ensure/book 1:1 meeting with.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Divisional Director <input type="checkbox"/> Divisional DONM <input type="checkbox"/> Heads of Unit/Medical team <input type="checkbox"/> Allied Health team of ward/unit <input type="checkbox"/> Care Coordination- ACE/SNAP/Bed Management/CHCs <input type="checkbox"/> Ops Managers for the Division <input type="checkbox"/> Buddy UM <input type="checkbox"/> Educator <input type="checkbox"/> HR Business Partner <input type="checkbox"/> Finance Accountant - Budget <input type="checkbox"/> NMWU DDON – Recruitment and workforce planning 	
<ul style="list-style-type: none"> • Complete Roster for Managers WeLearn Module 	
<ul style="list-style-type: none"> • Read and review Unit Manager written handover 	
<ul style="list-style-type: none"> • Add relevant recurring meetings to outlook calendar 	
<ul style="list-style-type: none"> • Add breakfast meetings to diary 	
<ul style="list-style-type: none"> • Add to site UM email group and WH UM email groups via advising kellie.tyson@wh.org.au 	
<ul style="list-style-type: none"> • Enroll into UM leadership program via NursingmidwiferyleadershipPrograms@wh.org.au 	
<ul style="list-style-type: none"> • Orientate to EMR Downtime processes 	
Week 2 and 3	Complete
<ul style="list-style-type: none"> • Meet with your divisional Finance Business Partner to discuss budget, expectations and processes 	

<ul style="list-style-type: none"> • Meet with Best Care Coordinator – discuss RiskMan, KPI's, Audits, KHWD Board, risks, dashboards, SAPSE process. 	
<ul style="list-style-type: none"> • Meet with designated CNE and CSN 	
<ul style="list-style-type: none"> • Meet unit specific Heads of Units associated with your area 	
<ul style="list-style-type: none"> • Review dashboards to assess mandatory competency compliance 	
<ul style="list-style-type: none"> • Commence meeting with unit leadership team (AUM, CNS) 	
<ul style="list-style-type: none"> • Commence mandatory competencies and familiarization with key policies and procedures 	
<ul style="list-style-type: none"> • Meet with Access team 	
<ul style="list-style-type: none"> • Meet Advanced Practice Nurses (APNs) linked to unit 	
<ul style="list-style-type: none"> • Meet with Ward Clerk/s – discuss current practice, discharge planning, CBORD 	
<ul style="list-style-type: none"> • Meet with members of your multidisciplinary team 	
<ul style="list-style-type: none"> • Start completing EMR modules 	
<ul style="list-style-type: none"> • Meet with NMWU – HEWS training (complete Welearn modules first) 	
Week 3	Complete
<ul style="list-style-type: none"> • Identify and meet ward nominated champions for: <ul style="list-style-type: none"> • Fall Prevention • Pressure injuries, • Medication safety, • Delirium • Nutrition • Delirium Prevention • EMR Super User 	
<ul style="list-style-type: none"> • Meet Rostering AUM and review rosters 	
<ul style="list-style-type: none"> • Continue completing personal mandatory competencies 	
<ul style="list-style-type: none"> • Meet People and Culture partner and discuss people management and current issues 	
<ul style="list-style-type: none"> • Meet site environmental services manager – discuss PSA role, AH PSA, cleaners etc. 	
<ul style="list-style-type: none"> • Continue completing EMR modules 	
<ul style="list-style-type: none"> • Meet with Director of Education – discuss graduate nurse programs and UM responsibilities 	
Week 4	Complete
<ul style="list-style-type: none"> • Review key policies and procedures specific to unit. 	
<ul style="list-style-type: none"> • Complete mandatory competencies and associated foundational competencies 	
<ul style="list-style-type: none"> • Clarify AUM Portfolios and reporting and staff PDP allocations 	

•Read previous ward meeting minutes and ward leadership meeting minutes	
•Meet with ADONM Comprehensive Care	
•Meet with ADONM Safe Care	
Week 5	
• Confirm understanding of quality projects and/or research being undertaken in your ward/unit.	
• Processes in place to support nursing and midwifery development and utilization of evidence in	
• Confirm understanding of the nursing or midwifery staff in your team are undertaking post graduate	
• Develop own objectives for PDP	

Version Management

Document version	Date reviewed	Authorised by whom	Approved by
Version 1	May 2022 (initial)	Douglas Mill Tony McGillion	Shane Crowe
Version 2	September 2024	Rebecca Woltsche Jo Mapes	Shane Crowe
Version 3	November 2024 (post EBA)	Rebecca Woltsche Jo Mapes	Shane Crowe

References:

- [Gardner G, Chang AM, Duffield C & Doubrovsky A. \(2012\) Delineating the practice profile of advanced practice nursing: a cross sectional survey using the modified strong model of advanced practice. *Journal of Advanced Nursing*. October 1931-1941](#)
- [Clinical risk management \(health.vic.gov.au\)](http://health.vic.gov.au)
- [Australian Commission on Safety and Quality in Health Care](#)
- [Nursing and Midwifery Board of Australia - Home \(nursingmidwiferyboard.gov.au\)](http://nursingmidwiferyboard.gov.au)
- [Australian Health Practitioner Regulation Agency - Home \(ahpra.gov.au\)](http://ahpra.gov.au)
- [Awards and Agreements \(westernhealth.org.au\)](http://westernhealth.org.au)
- [Developing our new Strategic Direction \(sharepoint.com\)](http://sharepoint.com)
- [Home - Nursing & Midwifery \(wh.org.au\)](http://wh.org.au)
- [Education & Learning - Home \(sharepoint.com\)](http://sharepoint.com)