NURSING+
MIDWIFERY

Unit Manager Manual

June 2022

Western Health

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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 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 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 need 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

Western Health Strategic Directions 2021-23

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.

The onset of COVID-19 in 2020 demonstrated the volatility of the health setting and the need for healthcare services to anticipate and respond to disruption. We believe that our future requires an investment in our capability to encourage new innovations, inspire new ways of working and inform and build on our new models of care.

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 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 Strategic Plan

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

Our Values

Compassion—Accountability—Respect—Excellence—Safety

Our “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.

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.

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 the hyperlink below and scrolling through the nursing and midwifery projects.

Our Organisational Chart

Our Chief Executive Officer leads an Executive of six. To review the organizational structure please CTR click on the link below.

The organization has eight clinical Divisions which are led by Divisional Directors and an outline of each Division is found in the above link.

Each Division is supported by a Director of Nursing & Midwifery and an overview can be found at the link below:

Policies and Procedures

All policies and procedures can be found on the intranet, just click on this link and type into the query box the procedure you are looking for.

Ward/Unit Management & Leadership

This manual has been developed to assist you in taking up the role of Unit Manager. Berwick (2015) reminds us that clinical leadership has been recognized as an increasingly important component of effective, efficient, safe and high quality health care. Here at Western Health we are committed to supporting your development as a clinical leader and manager in our organization.

Whilst managing issues are important to the daily operations of your ward and team, effective professional and clinical leadership are fundamental in delivering best care. As the Unit Manager you are the senior nurse or midwife, leading the team and are ultimately responsible for the care that is provided to the 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 and to their full 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 the team

Western Health consumer engagement confirms a consistent quality experience is important to patients and their families. The Associate Unit Managers (ANUM/AMUM) have delegated authority from the Unit Manager to lead the nursing or midwifery team consistently 24/7. To support collective understanding of the professional practice expectations the Unit Manager should review and where required re-establish the following strategies during orientation;

- monthly 1:1 meeting with each ANUM/AMUM
- monthly ward staff meetings with agenda, minutes which are circulated to all for knowledge/action
- weekly senior nursing or midwifery meeting to review data and plan improvements
- shift handovers that comply with Western Health's policies and vision for standardization
- agreed additional multidisciplinary "huddle times" during the shift to facilitate communication/access/flow

As Unit Manager it is important that you get to know your staff during orientation. Before meeting with individuals review the following reports to assist planning;

- the annual performance review and development plan dates for staff
- the compliance figures for mandatory training including on-line packages
- excess annual leave and ADO reports
- sick leave report to understand the drivers behind sick leave rates >4%
- discharge planning processes

Managing Patient Flow

Bed and patient flow management is coordinated on each site through one of the following teams,

1. Acute adult, paediatric and obstetric patients through the access managers at Footscray and Sunshine Hospitals
2. Sub-Acute patients through the SNAP team all sites
3. Maternity through the maternity services

ANUM/AMUMs in-charge of a shift, are to be aware of hospital targets and skilled in managing and understanding patient flow, the importance of patient flow and demand on their ward bed stock. It is expected that you will have an understanding throughout each day of (any) planned admissions, discharges and any issues that delay/block discharges and escalate these in a timely fashion.

Standardised Discharge Planning

The standardised discharge process at 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 will allow us to use resources more efficiently by encouraging collaborative forward planning that will help with discharging patients earlier in the day By doing so this will improve flow from the emergency department ensuring that patients are transferred to the right care environment to receive the best possible care. To achieve better flow through our hospitals we are aiming to discharge 30% of predicted discharges by 10am and 50% by 12pm.

Having standardised processes for discharging patients is important as it helps set patient expectations early in the care journey and facilitates a better staff experience through team work and collaboration.

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 and is responsible for ensuring the following:

1. All staff are aware of and have access to the Standardising Discharge Guideline
2. The discharge planning whiteboard is maintained and accurately reflects predicted discharges
3. Tier 0 Huddles occur
4. The agreed way of working has been established and is adhered to i.e.: roles & responsibilities for each discipline are defined

The Unit Manager should also provide support to the nurse or midwife in charge, who is expected to:

1. Plan for discharge from the start of the patients admission - be proactive in discharge planning and identifying potential barriers, referring early in the inpatient journey
2. Coordination of patient discharge - Coordinate and lead ward discharge activity by chairing the Tier 0 huddle and being the central point of contact for all discharge communication throughout the day
3. Be available to communicate - Ensure someone is available at all times for handover of information relating to discharge. If you are leaving the ward give the NIC badge and phone to the next senior nurse or midwife on the floor.
4. Accountability and governance - govern the adherence to the agreed way of working on the ward, holding people and teams accountable, escalating via operational channels as appropriate.

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

Please ensure your 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.

Unit Manager Management

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 may not in general delegate your authority to another person, however a delegate may approve a specific purchase and authorise a subordinate to facilitate the purchase. For example a Unit Manager may delegate the Ward Clerk authority to facilitate a specific 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 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 here.

RosterOn

Western Health utilises RosterOn as the rostering program, with interfaces with our payroll.

It is important to review rosters for your area regularly, even where you have delegated the roster portfolio to another staff member.

You must ensure that staffing numbers 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.

A wealth of information can be found on the Intranet including adding and removing a staff member.

Key points in roster management accountability:

- Rosters are completed 6 weeks in advance at any one time
- A supplementary roster must be in place for permanent part-time staff to be offered additional shifts prior to roster publication
- For areas with an On-Call requirement the periods of on call must be rostered 6 weeks in advance
- Rosters must be shift locked at the end of a shift
- Staff timesheet 'sign-off 'occurs every second Monday. Some Unit Managers may have staff that are paid on the alternate pay-run (every other Monday). All rosters must be pay locked before 0930.

It is your responsibility to review the roster before it is released taking into account the roster must ensure that;

- Days off are together not split, this includes part time staff
- Short changes i.e. PM to AM are kept to a minimum or for 12 hour shifts 0700 start to a 1900 start
- Night duty, weekends and Mondays are filled first
- No Nurse works more than 6 days in a row
- The roster has a balanced skill mix on each shift
- Only one ANUM/AMUM is rostered per shift, it is mandatory to have an ANUM/AMUM on each night and weekend shift (this can be a training position or an acting position)
- Requests are allocated only when they can be accommodated

Roster Guidelines

Within the requirements of the relevant Awards, Agreements and Western Health (WH) Policy, the objectives of flexible rostering are to:

- 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.

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. ANUM/AMUM portfolio, however you need to ensure it is meeting all requirements.

Unit Managers are provided with the RosterOn security access to develop rosters, lock and paylock timecards on RosterOn. It is expected you have an understanding of the relevant enterprise agreement and guidelines / procedures and complete the relevant learning program related to using the electronic platforms.

For detail on how to undertake rostering meeting all requirements, please click here.

Annual Leave

Each Unit Manager is responsible for managing leave liability which includes excess annual leave and ADO's. Excess annual leave is defined as more than 8 weeks of annual leave and more than 16 hours of ADO is deemed excess. 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 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. It's important to review this monthly so you know who to target to reduce their excess leave. Excess leave can be difficult to resolve if not reviewed and managed on a regular basis. To help manage this, monitor the 'hours to excess' component of MaPs Reports 'taking and Managing Leave Procedure' requirements see "Taking and managing leave procedure".

Other leave should be requested on the relevant Leave Request forms (can be found in People and Culture Forms A-Z). Importantly, staff accrue annual leave when they are on any paid leave or when they pick up additional shifts so take that into consideration when planning. It is recommended you keep a copy of all approved and declined leave.

- All nurses, midwives, RUSONs and RUSOMs 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 an additional weeks 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 a guide on how to do this can be found on the Nurses and Midwives Intranet INSERT LINK

High demand periods

There are five defined high demand periods for annual leave.

Christmas break: Commencing the Monday before Christmas and extending through to the first Monday after New Year

Summer School Holidays: Commencing the first Monday before Christmas through to the second Monday in February

- School Holidays Term One break (usually incorporates Easter)
- School Holiday second term break (usually at the end of June)
- School Holiday third term Break (usually late September)

As per normal practice you may approve up to 10% of your employed FTE to be on annual leave during this time

Exceptions may be granted in extenuating circumstances such as decreased activity or closure of your ward or area. This is at the discretion of the Divisional Director

A full briefing paper on how to manage high demand periods can be found on the Nursing and Midwifery intranet site below.

Personal Leave

All WH staff are entitled to take personal leave. Personal leave includes sick leave or carers leave. A staff member can take 3 days without a certificate per annum (calculated from date of commencement).

A staff member may only use a Statutory Declaration on 3 occasions per annum and the leave taken cannot exceed 3 working days or the staff member may provide a medical certificate.

Where certificated personal leave occurs whilst on annual leave, the annual leave should be converted to personal leave. All personal leave taken must have a leave form completed a copy is sent to: WHpaydata@wh.org.au.

Payroll

Nurses and midwives are paid through RosterOn; on the Monday after the end of the pay fortnight you must check the entire roster for accuracy and then pay lock the roster. Payroll will use this to pay the staff accordingly.

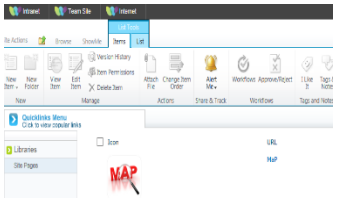
Where you have a change to a person's shifts or overtime that has not been entered onto RosterOn you need to complete a pay variation form found on the People and Culture Intranet site under forms and send it to WHpaydata@wh.org.au. An offline payment will be charged to your cost centre. If you do not require an offline payment then the changes will be made at the next pay period.

Leave without pay

This leave is only given in extenuating circumstances and must be discussed with your Operations Manager and/or your Director. You may grant Leave without pay of up to 1 week for the staff within your department; Leave without pay beyond 1 week is approved by a Director or above.

Repairs to fixtures and equipment

Repairs to fixtures within your area such as walls, doors air-conditioning, etc. is undertaken by our engineering department. A job can be logged using our electronic BIEMs system. Repairs to equipment is managed through the biomedical engineering team, a job can be logged through BIEMs. This is found on the intranet under quicklinks.



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 piece of 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 any piece of 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.

Hospital equipment can be very expensive. It is important to encourage your staff to be extra protective of the equipment, i.e. create an equipment log book which not only keeps a record of all equipment your area owns but allows for a sign-out process, to ensure you have records of when and where you lent a piece of equipment out to another area.

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 organize 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 Divisional Director the need to replace major equipment that is considered 'urgent/essential'.

2. You will need to gather a quote / quotes (see 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 authorize 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 Forms.

The finance intranet site has Tip sheets to cover every question you have.

FMIS

Name badges and ID swipe cards

Name badges and ID swipe cards are managed by the Western Health security team. You will need to complete a staff ID request form. This form is used for new and replacement ID swipe cards and can be found on the intranet site.

A step by step process for ordering new name badges can be found on the security intranet site using this link.

Employment variations (e-recruit variations)

Every time an employee formally changes their employment hours (including short-term and long-term), an e-recruit variation must be completed. This includes when an employee is acting in a role for a period of time, but does not include when a staff member agrees to pick up an extra shift on a particular week to cover a short-fall.

Completing an employment variation requires specific information about the staff member. If you do not have the correct information, the People and Culture admin team will reject the e-variation and email you to request the required information. Ensure you have the staff members' employee number, award classification, cost centre and current contracted hours. HeWS has the staff member's current pay rate when you click on the staff member's name.

Qualification Allowance

When a current staff member provides evidence that they have completed a relevant post graduate course, you will need to complete a qualification allowance variation in e-recruit. A relevant course may include:

- Post-graduate Certificate
- Post-graduate Diploma
- Post-graduate Masters
- Post-graduate PHD

You will need to scan and attach a certified copy of the transcript as evidence of course completion (employee's academic transcript with notation of course completion or certificate of course completion) before you complete the qualification allowance variation. The allowance is applied from the date they supplied you with the evidence.

Clinical Nurse Specialist and Enrolled Nurse level three application

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 CNS/CMS 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.

CNS/CMS

- When considering the suitability of a candidate for CNS/CMS the following must be taken into consideration:
- Through demonstrated knowledge and practice can the applicant demonstrate that they have an expert knowledge in the care of patients and clinical decision making in a specific specialty/clinical service within your area i.e. Neuroscience, Renal care etc.?
- Is the applicant actively involved in raising clinical standards in your area?
- Is the applicant substantially involved in either mentoring less experienced nurses, acting as an expert resource for all nurses or accountable for quality improvement in your area? (noting to be a positive role model it is an expectation of WH that the applicant demonstrates one of these)
- Can the applicant demonstrate membership of a relevant professional body (ANMF is a union, not a relevant professional body) or participates in active personal development relevant to the area of specialisation or undertake education of other staff on their area of specialization?

Note: Holding a portfolio in an area such as falls prevention does not meet the criteria for demonstrating an advanced knowledge and practice in the area of their specialisation. The applicant must meet one of the criteria in each dot point to be successful.

EN Level Three

- When considering the applicants suitability for level three the following must be taken into consideration
- Does the applicant contribute to the education of a new EN graduate?
- Is the candidate involved in committees or working groups?
- Does the candidate assist with the coordination of delegated activities?
- Does the candidate act as a resource to others e.g. rosters, equipment and stock control?
- Does the candidate contribute to quality assurance?
- Does the candidate practice using specialized or advanced knowledge and skills in the wards specific clinical service?
- Does the candidate contribute to effective utilization of resources in the context of the changing environment in the context of workload?
- Is the candidate part of a quality clinical quality team?
- Does the candidate actively participate in team leadership and decision making?
- Can the applicant clearly articulate the legislative, policies and procedures which affect how an enrolled nurse practices including the implications of not following these?

An Enrolled nurse must meet at least four of the above points to be successful.

Application forms can be found on the People and Culture Intranet under forms.

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. A copy of the Enterprise Agreement can be found at:

A summary of the changes that came into place in the 2020 enterprise agreement can be found here:

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.

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.

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.

To read the act, please follow this link:

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. The performance priorities include:

Quality and Safety

- Accreditation
- Infection prevention and control
- Patient experience
- Healthcare associated infections
- Mental health
- Continuing Care

Governance & Leadership

- People Matters Survey

Access & timeliness

- Emergency Care
- Elective Surgery Specialist Clinics

Financial sustainability

- Finance
- Assets management

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. 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.

Your patient measures can be found on the MaP system:

Please organise an education session with your Business analyst and your Quality Partner to go through the financial and non-financial reports with you.

Managing Risk

As the Unit Manager, a significant part of your role is managing risk in your ward/department. This means:

- Ensuring staff feel safe to identify the potential areas of risk within your area and escalate these risks to you
- Using a co-design approach implement preventative strategies to reduce or eliminate risk
- Implementing strategies when something is identified which poses further risk to either the patients or your staff.

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:

- Ensure all information has been entered correctly and that the incident has been classified correctly (e.g. if it is a fall, has the 'slip/ trip/ fall' classification been used)
- Follow up on the incident. 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.
- Document the outcomes of the review (either in 'findings' or via journal entry) 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 incident when completed.

It is recommended you keep on top of all the incidents that are coming through. It is recommended that an incident is reviewed within 7 days of occurrence. Further assistance can be sourced through your nominated quality partner and the coordinator – Incident and Feedback management system.

Incident review

All incidents must be reviewed

For tips on investigating and closing Riskman there are cheat sheets on the Quality and Safety intranet site

- Look at contributing factors
- Document what was found
- Document what interventions you have put in place to prevent future incidents
- Feedback to staff member who commenced the report
- Escalate to your quality partner and line manager if a serious event

There is a wealth of information on the intranet at

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. 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.

Western Health undergoes accreditation through the Australian Commission on Safety and Quality in Healthcare and is assessed in 8 key domains. Our assessment is not linked to the traditional cycle and Western Health may receive an announced visit at any time from a team of assessors. This assessment modality is designed to ensure that we stay focused on best care every day, not once every 4 years. To assist all staff in being prepared for an accreditation visit we have a micro internet site" live best care" dedicated to achieving best care which can be found at:

live BEST CARE

Audits

The Divisional Quality Coordinator and Divisional Director will outline the audit schedule required of your ward. Some audits are linked to specialist activity within the Division, while others, such as hand hygiene or Back for Life competency assessments are an SOP KPI.

We also undertake Auditing Best Care bedside audits on inpatient wards 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.

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 if the complainant is an inpatient, they will direct the complainant to the nurse or midwife in charge first and escalate to the Unit Manager if the issue hasn't been resolved. The patient representative acts 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 procedure

All complaints and compliments must be logged on Riskman, your quality partner can help you with this.

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 recognize more efficient ways to do things or it can be driven organisationally. Planning for, and implementing change strategies is an important part of your role, as change can often be disconcerting and unsettling for staff. It is recommended you carefully plan change initiatives on your ward as it is time consuming (due to the shift work nature of health) and is always secondary to direct patient care.

The change management website has many useful tools which will assist you in planning and implementing successful change.

For effective change management, it is essential to engage your staff in the process using co-design. Staff are more likely to appreciate the need for change if they are informed of the context and how the decision was made. Communicating change initiatives early with frequent updates is also a key to successful change management. If your area undergoes significant/transformational change, be aware your staff may take time to adjust as they make the transition from the old to the new structure/process. Individuals will take varying lengths of time to undergo this change and may need your support and guidance.

The principles of co-design were used in the Working Together project and can be found at:

WORKING TOGETHER

Professional Nursing or Midwifery Practice

Each Division has a Director of Nursing & Midwifery (DONM) attached to it, your 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 Unit Manager should be familiar with the documents located on the Nursing and Midwifery Board of Australia website 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 undertaking centrally through the Nursing & Midwifery Workforce Unit and registration status is reviewed on a weekly 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. If you have any concerns please contact your DONM immediately;

Notification requirements (any possible notification 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 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.

Western Health's nursing and midwifery workforce are professionally accountable to ensure that credentials for scope of practice are authenticated.

This is performed through a number of processes initially and ongoing:

Organisation level

- Position Descriptions establish core competencies required and duties to be undertaken
- Confirmation of current Ahpra professional registration as part of initial appointment,
- Monthly confirmation 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:

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 (NMBA, 2020). The Victorian Department of Health has formulated specific guidelines to 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.

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 and Midwifery (Industrial)

There will be occasions where a nurse or midwife will ask you a question about an entitlement or they may challenge you on something such as an allowance. While it is important to be able to access the current EBA, prior to providing advice it is suggested that you seek one up support from your DONM, or you can contact your People and Culture Consultant on 8345 6689.

You can also find a table of classifications and wages on this site

Important changes you need to know can be found on the Nursing and Midwifery website:

Staff Education / Training

As Unit Manager you have organizational responsibility to ensure staff on the ward are competent and comply with organizational mandatory and highly desirable training packages. During orientation, liaise with the Centre for Education team (each site has a nominated education manager) to understand the generic and specialty training packages for your ward and the processes to ensure mandatory hospital-wide training/competencies for staff are completed annually:

- Fire and Emergency Procedures e-learning package
- Basic life support and defibrillation Hand on and e-learn
- Aggression management e-learning package
- Hand Hygiene e-learning package
- Aseptic Non Touch Technique
- Blood Transfusion
- General Manual handling
- Back for life

Fire Warden training is to be undertaken annually for staff identified as Wardens and those that are in charge on a regular basis i.e. ANUM/AMUMs and those acting up into the role.

Each ward or area is required to nominate or support an existing electronic medical record (EMR) Super user to act as a resource to update and train 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.

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.

HeWS Management

Health-e Workforce Solutions (HeWS)

The process of recruiting staff commences with knowing your Budgeted FTE and actual vacancy rate. We utilise Health- e Workforce (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. A discussion regarding your budget FTE should be held with your Divisional Director, Operations Manager and the NMWU during orientation. Data in HeWS is a direct link from Masterfile and payroll.

HeWS provides you with

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

To become familiar with the HeWS system you need to book a time with the Operations Manager or ADONM – 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:

health-e workforce solutions

HeWS platform can be logged into via the Citrix link in your taskbar on your desktop.

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.

If you wish to manually determine individual staff FTE, use the following calculation: Hours worked per week / 38 (standard weekly working week) = FTE

E.g. 16 hours (2 x 8 hour shifts) / 38 (standard weekly working week) = 0.42 FTE; 8 hours (3 x 10 hour shifts) / 38 (standard weekly working week) = 0.78 FTE

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 team member 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 (not FTE) 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 roster vacancy shortfalls need to be entered in HeWS as soon as possible, known roster vacancies are required to be entered two weeks in advance of the vacant shift. This allows the Allocation team the opportunity to advance book staff up to 2 weeks facilitating early engagement of the casual workforce. 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 (as per EBA 2016-2020).

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 requesting to pick up the shift except at the request of the allocations team.**

Nurse and Midwife Pool (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.

Surplus staff should be declared only 2 hours prior to the shift starting (except during ward closures). If you declare earlier and you receive a sick leave call, the surplus staff member may already have been re-deployed elsewhere and you may be left with bank/agency or double-shift backfill.

Be mindful of approving ADOs before and/or after a weekend that links directly onto a public holiday and not backfilling in advance. These shifts are generally difficult to back-fill as we rely on a casual workforce who may not be available to work.

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:

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 specialling) is an intervention that is sometimes necessary to ensure the safety and well-being of patients, staff and visitors.

The addition of 'additional care resources' staff is only to be used in exceptional circumstances and requires the approval of your Operations Manager or Divisional Director. '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 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. If you have a patient who is not under the care of one of your bed cards and they require an "additional resource"; make arrangements with the home ward to transfer the patient to that ward as soon as practical. Reports can be generated from HeWS that reflect the details of the 'additional resource' requests and the dollar spend.

Please read the procedure, you can find it on the Policies, Procedures & Forms tab on the intranet, just type in additional resources in the lookup box.

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.

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For more information on Centralised Recruitment please follow this link:

NURSING+ MIDWIFERY

All nursing, midwifery and support staff are required to have a current position description. Generic Position Descriptions (PD's) are available for all nursing and midwifery staff and can be found at Nursing and Midwifery Position Descriptions. It is recommended you compile, keep and update PD's that are specific to your area. You will use them frequently.

A user Guide for eRecruit can be found here.

Mercury eRecruit

Succession Planning

Succession planning refers to the identification and development of potential successors in your ward/unit. The key to good succession planning is to create a match between your ward/units values and future needs and the aspirations of individual employees. A well-developed succession-planning process increases retention of high- performing employees because they recognise that time, attention and skill development is being invested in them for the purpose of career development. When you continue to challenge and reward your talented employees, you will reduce their need to seek career opportunities elsewhere.

Developing leadership talent is a long-term investment. A successful succession plan results in having more than one good person apply for senior roles (such as Educator/ANUM/AMUM/Unit Manager roles).

Human Resource Management

Absenteeism

Ensuring compliance and appropriately managing any non-compliance is very important – that means when an employee calls in to inform you of their absence, you give them feedback on whether they complied with timeframes, and you inform them of the evidence requirements for their absence.

Participating and maintaining open communication with employees in relation to their work attendance and absences - it is important that the manager ensures he/she maintains contact with the employee and an open channel of communication. This enables information sharing so that the manager can understand the circumstances preventing attendance to work and work arrangements can be made more effectively to support the employee's return to work.

Demonstrating flexibility in the support and management of employees in relation to their reasons for unplanned leave – being able to demonstrate flexibility in your support of employees and managing absenteeism is important. By communicating with employees and understanding the reasons for leave, managers can explore a wider range of work arrangement options to support them. Employees can see the support from managers and become more forthcoming with their leave intentions allowing more planning to happen.

Return from absence conversations

Managers/supervisors should catch up with their staff members after every absence to enquire after their well-being and discuss any matters relating to the absence. Catching up with your staff members after each absence is one of the most effective tools for managing short-term absenteeism as they foster 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 in line with their contract of employment. It should be noted that this discussion is an informal process and not a disciplinary action.

Managers are responsible for creating a work environment based on the Western Health values and in particular the values of teamwork, respect, honesty, excellence caring and commitment that attracts employee to attend for work.

In addition to enquiring after the employee's well-being and addressing procedural matters, return from absence conversations may also include any or all of the following items:

- Confirming that the employee is fit to return to work.
- Identifying support mechanisms that may be beneficial following the return to work.
- Identifying if the absence is work related in any way e.g. are they able to cope with their workload and/or complexity of patients, is their shift pattern manageable, are their difficult interpersonal relationships that are keeping the employee away, are they concerned about a lack of skill or knowledge in a particular area?
- Identifying any issues which may be affecting the employee's ability to attend work.
- Identifying the possible referral to Employee Assistance Program (EAP)
- Identifying if there is a need to develop a plan for a phased return or make reasonable adjustments to their work on either on a temporary or permanent basis.
- Discussing what preventative measures that can be taken to minimise future ill health.
- Reviewing of the employee's attendance for the previous year (where relevant).
- Assessing whether any further action is necessary and an indication of what this action might be (where relevant).

- Discussing any other matters either the manager or employee regards as relevant.

Managers are encouraged to keep an informal diary note of the discussion with the employee. These discussions should be conducted promptly once the employee has returned to work and they are most effective when they are done within the first few hours after commencement (display of commitment to speak to the staff member; can organise any required adjustments sooner).

Identifying a pattern of absence

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 look out for patterns/trends/triggers as follows:
- Long term absences due to illness or injury of the employee or someone they care for.
- Eight (8) Personal Leave absences unsupported by medical certificates in any twelve month period.

A pattern of:

- Absences taken immediately preceding or following days off, Public Holidays or an approved period of leave.
- Absences taken on the same day of the week.
- Working additional hours or overtime followed by Personal Leave.

Health and well-being check-in

If a trend in absences is identified, a manager should conduct a health and well-being check in with the employee as soon as possible, with the support of their People and Culture Business Partner.

As part of the discussion the employee should be provided with a copy of their absences and be asked to confirm its accuracy.

The discussion should:

- Ascertain the reasons for the employee's inability to attend work.
- Establish if the leave pattern is likely to continue.
- Asked if there are any issues that may be preventing them from attending work or if there is a specific reason for a frequency or pattern of absence.
- Identify how Western Health can assist the employee.
- If appropriate describe the effect of absences on the team.
- Clarify the purpose of Personal Leave/Carer's Leave and what comprises unacceptable levels of absence.
- Provide clear expectations in relation to future absence.

Managers should ensure that an employee's individual situation is taken into account to determine the best course of corrective action to support the employee and ensure the operational needs to the department are met.

NOTE: This is not a disciplinary process, but could be a precursor to one.

Keep in Mind

When managing absenteeism, you should:

- Be objective and ensure that all employees are treated equally
- Seek advice in advance
- Prepare for the meetings
- Show genuine concern/interest in the discussion with the employee
- Keep in contact with the employee – we want OPEN COMMUNICATION about the issues impacting attendance

Formal Discussion

More formal action can be taken under the following circumstances:

- Failing to improve attendance sufficiently following counselling
- Breaching leave notification procedure after receiving feedback about this topic previously – it is not reasonable to begin a disciplinary procedure for a first breach – feedback must have been provided previously
- Breaching Western Health procedure and enterprise agreement provisions
- Failing to provide or falsifying leave evidence
- Failing to report/attend work on rostered shifts
- Deliberately misleading you/Western Health about the reasons for their absence
- Extended unpaid/unplanned absences

There are regulations that define what a temporary absence due to injury or illness is and there are protections for employees. Circumstances need to be taken into consideration but if someone has been on unpaid personal leave for three consecutive months or totalling three months over a twelve month period then as an employer further action may be taken. We do not take this action lightly and do assess all the circumstances first.

In such cases, Western Health's disciplinary procedure and processes must be followed in terms of:

- Advising the employee of a meeting.
- Why the meeting is called.
- Offering the opportunity of representation, etc.
- Managers are encouraged to seek the support of their P&C Consultant in such an instance.

Prevention is better than cure

Generally speaking, the most impactful way to prevent absenteeism is to create a positive workplace. You can do this by:

- Providing regular feedback on performance – people need to know where they stand
- Ensuring conflict and inappropriate workplace behaviour is managed
- Changes are well communicated
- Providing employees with tangible support when they are ill or have other personal problems e.g. RTW meeting

- Providing flexibility where possible and making best efforts to accommodate REASONABLE roster change requests, and encouraging work/life balance
- Ensuring abuse of policy and breaches of procedure are addressed. While matters with individuals are confidential, when issues are addressed other staff will observe changes in behaviour in colleagues who have been given the opportunity to improve which has a positive message.
- Giving staff job security, particularly in times of change
- Creating a sense of purpose & belonging. Most people want to feel like the work they do is important, and want to feel a level of attachment to their workplace. Of all factors that influence individual engagement, the behaviour of, the relationships with the line manager and team mates is the most powerful. Teams who have the lowest personal leave rates also show higher rates of loyalty to their manager and team mates, demonstrating in many ways that they CARE for one another. Employees with higher engagement and lower absenteeism feel as though their manager supports them and will advocate to higher management on their behalf (when appropriate).

Flexible Workplace agreements

A staff member may request to work a fixed roster or not to work certain shifts, in order to manage this the staff member must complete a flexible work place agreement application. This application states the reason for the request.

The request is reviewed by yourself and your P&C business partner taking into consideration the impact this will have on your ward/area. If in your view it is reasonable the request must be approved by your operations manager and/or Divisional Director.

A flexible workplace agreement must be reviewed at a minimum of every 12 months. 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. These documents are found on the People and Culture Intranet under Forms.
http://inside.wh.org.au/departmentsandservices/PeopleServices/Pages/Forms-A-Z.aspx

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. Whilst they are rotating staff, they are part of your team for the next few months and they will be more productive if they feel supported and included. These staff will also positively or negatively promote your ward to their peers depending on their experience. If these staff have a positive experience it can greatly impact on your ability to recruit staff when you have shortfalls.

Managing casual, pool, or agency staff

Frequently you will have casual / pool / agency staff work on your ward.

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 kept on the ward recorded. This form needs to be kept on file (either hard copy or 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 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 very 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 either contact the ADONM NMWU via phone or email so your concerns are raised and addressed in a timely manner and if after hours, contact the AHSM at your site.

When permanent staff would like to work additional shifts outside of your unit in other areas across the organization, 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

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 the manager. All you need to know to get you going on this can be found at

New Staff and Staff Orientation

All staff are required to be orientated to your area prior to commencing work within your area, this includes new staff, staff transferred to your area, staff on loan for that shift, bank staff, pool staff and agency staff. This must be recorded and kept available.

Information, checklists is available on the People & Culture intranet or via this **hyperlink.**

Budget / Finance

Each ward/unit has a budget that Unit Managers manage and are accountable for. Your Divisional Director and Finance Business Partner will also have access to view your budget and will review the unit's financial performance each month. It is important that you familiarise yourself with your allocated budget and carefully review and understand the monthly report provided by your finance partner and what drives costs in your area. It is essential to monitor expenses that are significantly over budget and/or are frequently over budget. Wages and salaries are the biggest expense for most wards; therefore understanding the specific drivers of these costs will allow you to report on and address that issue if necessary.

Strategies to positively impact the budget

Salaries and wages are the biggest expenditure of most wards/units budgets. Therefore strategies that impact on this component of the budget are vital to ensuring the budget is appropriately managed. These strategies include:

- Ensuring correct FTE is recruited to
- Review rosters prior to them being finalised
- Appropriate rostering: Any shortfalls your ward has should be Tuesday – Thursday. Any shortfalls on weekends are costlier and shortfalls on Monday's and Friday's are historically difficult to fill with pool and bank staff.
- Use of additional resources. Review these every shift and ensure the ANUM/AMUMs also review the need for this to continue.
- Annual leave: ensure your staff take annual leave at the budgeted number of hours per week. The HeWS profile assumes that Annual Leave is planned and covered by ongoing staff included in the 'recruit to' figure. This means that Annual Leave should be taken at a consistent rate throughout the year. Annual Leave impacts the budget in the following two ways:
    a) It is assumed that Annual Leave is generally taken within the year it is incurred, i.e. an average of 5/6 weeks is taken for each nurse or midwife across the year. Untaken leave is not provisioned for in the budget, hence additional leave taken will create a budget over run.
    b) If annual leave is taken inconsistently throughout the year, there will be additional bank and agency costs at times and other times there is excess staff for the roster.
- Sick leave: Manage sick leave by having regular conversations with staff that are taking excessive sick leave and ask what support you can offer. If the practice continues seek further advice and support from your Divisional Director, Operations Manager and DONM.

Delegation of Authority

As a Unit Manager you have;

- A financial delegation of up to $10000
- Authority to approve up to 1 week of leave without pay

Digital Technology Services (Information, Communication and Technology)

Western Health has an internal 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.

Electronic Medical Record

Western Health utilizes an electronic medical for most of the services provided, areas covered by the EMR are continually being increased and you will be a part of this. Western Health has a nursing and midwifery team dedicated to maintaining and enhancing the areas which our staff interact with. This is led by the Chief Nursing and Midwifery Informatics Officer. This role is an important person for you to make contact with as they will help you navigate all of the reports available on the EMR which you can use to demonstrate best care in your area.

A wealth of information can be found on the intranet under Digital Health.

Digital Health
CONNECTING BEST CARE

People & Culture

A significant part of the Unit Manager role is working with your staff to address 'Human Resource' issues. These issues can be many and varied. People & Culture will assist with some matters and are readily contactable.

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.

We all have a duty to not 'walk past' unacceptable behaviours. 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 and Culture Intranet site or the Positive Workplace Strategy Website at positive workplace.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 and take action 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 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 click here.

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 here.

If you would like to get your team involved in this program contact People and Culture on 8345 6689.

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.

Employee Assistance Program (EAP)

The purpose of the Employee Assistance Program (EAP) is to provide care and support to any staff member who requires assistance as a result of stress or anxiety that is affecting their work performance and their general wellbeing.

- EAP is a stress and life management tool that provides a solution-focused approach where:
- Staff are given the opportunity to be heard
- Issues can be clarified
- Options and strategies are identified Assistance and planning is provided in developing an approach to a difficult situation
- Staff are encouraged to seek EAP as a supportive option to address issues. Staff are also encouraged to promote and support the use of EAP to colleagues.

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.

Contact Details:

- Phone: 1800 099 444 (available 24 hours a day, 7 days)
- Email: mailto:work@caraniche.com.au
- Online booking: https://work.caraniche.com.au/make-a-booking/

Note: email and web bookings are responded to during business hours only.

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.

To achieve this, Western Health will ensure compliance to all relevant Occupational Health and Safety and Worker's Compensation legislation and adopt a proactive approach to risk, injury management and health and wellbeing.

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.

Injury Management (Early intervention, Injury assist, 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.

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 ANUM/AMUMs 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.

For further information please contact the Injury Management Unit (details on the Intranet) or E-Mail: WH-IMstaff@wh.org.au

A great resource to assist you through this process is on the Workforce Health, Safety and Wellness Department page on the intranet. Follow the link to the Worker's Compensation section; alternatively, contact the Injury Management Consultants for further advice.

Managing Performance

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 line manager, HR business partner and nursing and midwifery services can all assist.

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 and DONM or P&C consultant. If the issues relate to serious conduct or behaviour, it may not be appropriate to undertake informal performance counselling. If you are unsure, you should contact your People and Culture Business partner and your Director of Nursing and Midwifery as soon as possible in the process for advice and support on the most appropriate course of action.

When there is a performance issue needing to be addressed, the following process should be undertaken:

- Ensure confidentiality for all involved
- Document performance issues that require attention. Gather facts/evidence, which may include interviewing other staff for information accuracy
- Set up a meeting with the staff member involved
- Outline the issues identified that have been raised
- Allow the employee to respond with their side of the story
- Outline your expectations and a plan moving forward
- Set regular meetings to follow up the issues discussed/performance improvement plan put in place.

Ensure that all of your discussions and meetings are documented so you have a written account.

If a reasonable number of meetings have occurred with little or no improvement in the employee's performance, you must discuss your concerns with your Operations Manager or Divisional Director and Director of Nursing & Midwifery before referring the case to People and Culture to commence a formal performance management process.

Managing Graduate Nurses and Midwives

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 ANUM/AMUM group so they are aware of how to support the staff member.

Managing Permanent Employees

You will have to gather information from involved staff, particularly as you cannot be working with them one-on-one so you rely largely on others feedback. Furthermore, you will need to ensure all correspondence with other staff remains confidential. Ensure that you always follow up with your staff member. If you have one meeting with them regarding an issue, always follow it up, to decrease any risk of repeated poor behaviour / mistakes.

Unit Manager Organisational Supports

Executive Director of Nursing and Midwifery

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

The Executive Director of Nursing & Midwifery runs forums and meetings to keep Unit Managers informed, updated and to seek feedback and engagement. They will also round when they can, and you are encouraged to raise any queries or concerns with them to get any support needed.

Divisional Director and Director of Nursing and Midwifery

The Divisional Director and DONM will touch base regularly with Unit Managers with support, guidance and encouragement. They will also round when they can, and you are encouraged to raise any queries or concerns with them to get any support needed.

Information Systems Training

There are a number of IT programs that you will quickly need to be familiar with at the commencement of your Unit Manager role. It is recommended you discuss with Divisional Director and/or Operations Manager how to access training on:

- RosterOn specifically "signing off pays and having Unit Manager access
- E-Recruit (Managing positions on line)
- Bossnet (Electronic medical records pre EMR
- EMR (electronic medical record)
- Cbord (online food menu management platform)
- IPM (inpatient management system)
- WeLearn (organization online learning platform)
- BIEMs (engineering and biomedical services)
- FMIS (online stores and supplies)

Donations

Western Health welcomes donations from the public including patients and their families. All donations over $2 are tax deductible with a receipt. Donations are a practical way for patients and families to say thank you, and a valuable way to fund additional equipment, projects and initiatives that would otherwise not be possible. Should someone wish to make a donation on the ward please ensure they complete the donation form (attached) and send this with their donation to the 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. Please ensure the donor is thanked for their thoughtful and valuable kindness.

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 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.

Gift Registry

If you receive a gift please refer to the gift benefits policy for definition and procedure.

Appendix 1: Health Service Funding Arrangements

There are various ways a health service can be funded for treating patients. Health services receive a target WIES (Weighted Inlier Equivalent Separation) allocation at the beginning of each financial year. Health services are funded for work performed up to, but not in excess of, that target. WIES funding is also referred to as variable funding because funding is dependent on the actual number of patients treated. A hospitals funding for inpatient activity is determined by the combination of all three funding components: DRG cost weights, WIES targets, and WIES price. Casemix funding is augmented by the use of WIES co-payments that more closely align funding with the cost of special types of patients, and by specified grants that are not tied to WIES (e.g. Teaching and Research Grants). Since 1993, casemix funding has expanded to include ambulatory patients in metropolitan hospitals and some large country hospitals (VACS) and rehabilitation inpatients (CRAFT).

DEFINITIONS

Casemix

Refers to the use of classifications that bundle patient care episodes into clinically coherent and resource homogeneous groups. Casemix commonly means the mix of types of patients treated by a hospital. Casemix is an information tool that allows policy makers to understand the nature and complexity of healthcare delivery and that enables the measurement of hospital performance, aiming to reward initiatives that increase the efficiency of hospitals. Casemix-based funding is the main funding model currently used in Victorian health care services for reimbursement of the cost of patient care.

Diagnosis Related Groups (DRG's)

DRG's are a patient classification scheme that provides a clinically meaningful way of relating the types of patients treated in a hospital to the resources required by the hospital.

Cost Weights

Cost weights represent a relative measure of resource use for each episode of care in a DRG, and are calculated as the ratio of: The average cost of all episodes in a DRG: the average cost of all episodes across all DRGs. Victorian cost weights are developed each year using the costs of treating patients as reported to the Department of Health by Victorian public hospitals.

Weighted Inlier Equivalent Separation (WIES)

WIES is a cost weight that is adjusted for time spent in hospital and represents a relative measure of resource use for each episode of care in a DRG. WIES allocated to an episode depends upon the episodes DRG, the amount of time spent in hospital, and the episodes eligibility for WIES co-payments. For example:

0.19 WIES is allocated to a same day chemotherapy patient

WIES Price

Price paid per unit of WIES by the Department of Health. WIES prices vary by hospital type to account for differences in specialisation, economies of scale, and levels of remoteness. WIES prices also vary to account for different funding mechanisms including State and Commonwealth governments, private insurers & non-government organisations.

WIES Target

An agreed fixed amount of WIES allocated to hospitals used for funding acute episodes of care. WIES targets are largely historic, but do vary annually to reflect growth in demand, government priorities (Statement of Priorities), changes in hospital costs, etc.

Separations

Separations are any discharge from the ward/unit (except transfer to another ward). They include:

- Discharge to aged care facility/rehabilitation
- Deceased
- Discharged to HITH
- Discharged home
- Discharge to transit lounge then home

Appendix: 2 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 PRD. These standards are designed to help focus the prioritization of your work and drive continuous improve in you 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 team nursing and midwifery and promote the Western Health nursing & midwifery strategy
- Rounding is undertaken by all nursing and midwifery staff including Unit Manager and ANUM/AMUM
- Patients and/or their families know who the Unit Manager and lead medical person by name
- “Hello my name is”; all staff introduce themselves by name to the patient and carers, explain what they are doing and why and how long they are to be in the room.
- Be the clinical leader, set the clinical standards and be part of the on floor clinical team at least once per week
- “Knowing how we are doing boards” in a public space that includes at a minimum medication errors, pressure injuries, falls, hand hygiene rates, sick leave percentages and restraint numbers
- 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
- Budget targets are met and if they are not the clinical driver for non-achievement is known
- 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, enterpirse 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
- Utilize patient/consumer feedback to drive improvement
- Share ideas that lead to innovative practice and sound management techniques
- Promote evidence based care and clinical inquiry

Appendix: 3 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	**Complete**
The primary objective during week 1 is to become familiar with your unit, Division & site: • Hospital orientation (if new employee) • Ward/Unit Orientation (includes time out on the floor observing) • Meet informally with staff • Meet with Division Director and Director of Nursing & Midwifery and set up weekly meeting for 6 weeks & confirm key meeting dates/times. • Arrange meeting with Executive Director Nursing & Midwifery during the first six weeks • Set up IT/HR accounts (Information Technology)* • Read and review Unit Manager written handover • Develop learning objectives and set expectations	
Week 2	**Complete**
• Commence meeting with Ward/Unit nursing or midwifery leadership team • Meet Advanced Practice Nurses (APNs) linked to unit • Meet unit specific Heads of Departments associated with your area • Complete meeting Divisional Unit Managers • Meet with Director Access and discuss your leadership responsibilities with access & flow 24/7. • Arrange a half day shadowing the access manager role and the ED ANUM Flow role • Commence mandatory competencies and familiarization with key policies and procedures	
Week 3	**Complete**
• Continue mandatory competencies and familiarization with key policies and procedures • Meet with Divisional Quality Manager & discuss the role of the Unit Manager in relation to National Standards and quality improvement work. • Meet with Divisional People and Culture consultant to discuss contemporary people management and key policies across Western Health	
Week 4	**Complete**
• Complete mandatory competencies and familiarization with key policies and procedures • Become familiar with: ○ Services that most impact day to day care of patients (Director Allied Health, Chaplaincy, Food Services, IT, Cerner, Infection Control, Laboratory Services, Pharmacy, Dietetics, Complaints & Volunteer Service, Aboriginal Service) ○ Meet with the Director of Education & confirm understanding of how RN/EN are inducted and orientated at Western Health. Discuss how specialty practice is developed/supported	

Week 5	Complete
• Become familiar with: ○ Processes in place to support nursing and midwifery development and utilization of evidence in practice. ○ Confirm understanding of quality projects and/or research being undertaken in your ward/unit. ○ Confirm understanding of the nursing or midwifery staff in your team are undertaking post graduate study. Identify the projects being undertaken and how you can support staff success and the translation of knowledge learned into improved systems/patient outcomes.	
Week 6	**Complete**
• Review progress • Review objectives and expectations • Update Professional Practice Portfolio	
Ongoing	**Complete**
Confirm with Divisional Manager and Director of Nursing and Midwifery PDAP	

Version management

Document version	Date reviewed	Authorised by whom
Version 1	May 2022 (initial)	Douglas Mill Tony McGillion

Final Approval:

June 2022 – Shane Crowe, Executive Director, Nursing & Midwifery

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