

**Standard Operating Procedure
Nurse in Charge – Roles and Responsibilities**

Date	Version
15.02.2016	V.6

Purpose

This document is to clearly define the roles and responsibilities of the Nurse in Charge. Its purpose is to outline the Trust's expectations of the Nurse in Charge, to support safety and efficiency by providing a standardised approach to tasks and to enhance the patient experience through providing a clear description of duties.

Who should read this document?

- Nurse in Charge
- Matrons
- Heads of Nursing
- Ward Sisters
- Ward Doctors

Key messages

- Emphasis on patient safety through standard procedures
- Staffing and cover responsibilities
- Briefing and communication expectations
- Escalation ownership and monitoring
- Standardisation of administration tasks and paperwork
- Management of patient experience

Accountabilities

Production	Matron for Respiratory Medicine Matron for Clinical Standards
Review and approval	NMOC
Ratification	Deputy Director of Nursing
Dissemination	All Wards and Departments
Compliance	Nurses in Charge

Links to other policies and procedures

Enhanced Observation Policy v3 2015

Nursing Safer Staffing Escalation Standard Operating Procedure V2 2014

Clinical Departmental Roster Policy V6 216

Version History

V1	30.06.2015	First draft for submission to Matron's meeting
V2	1/9/2015	Reviewed following feedback from Senior Team
V3	20/12/15	Reviewed and updated
V4	12.02.2016	Reviewed and updated
V5	15.02.2016	Break times reviewed
Last Approval		Due for Review
February 2016		February 2021

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

Section	Description	Page
1	Purpose and Scope	4
2	Ward Staffing	4
3	Bank and Agency	4
4	Break management	4
5	Operational management	5
6	Briefings and Meetings	5
7	Patient Safety	6
11	Monitoring and Assurance	6
12	Document Ratification Process	7
13	Dissemination and Implementation	7

Standard Operating Procedure (SOP) Nurse In Charge – Roles and Responsibilities

1 Purpose and Scope

This document is to clearly define the roles and responsibilities of the Nurse in Charge. Its purpose is to outline the Trust's expectations of the Nurse in Charge, to support safety and efficiency by providing a standardised approach to tasks and to enhance the patient experience through providing a clear description of duties.

2 Staffing

As NIC you are responsible for ensuring there is adequate staffing for the current shift and subsequent shifts as per the ward's nursing establishment. You must ensure Safe Care is updated and kept up to date regarding staffing levels. If you have any concerns regarding staffing you must inform the Senior Sister or Matron. **For out of hours Senior Nurse contact bleep 0355.**

If you are requesting additional staff due the Nursing Hours Per Patient Day requirement this must be recorded in Safe Care

Safe Care is a tool that is fully integrated with Health Roster .It captures and reports staffing levels based on the recommended Nursing Hours Per Patient Day. Acuity data based on the Shelford Tool is collected on Safe Care 3 times a day to inform those staffing decisions.

3 Bank and Agency

Please document every member of bank/agency staff that work on the ward in the shift diary

Bank and agency staff must be requested via the health roster system in order for Safe Care to be accurate.

It is the responsibility of the NIC to ensure that all NHSP and Agency staff undertake Ward orientation and have signed the induction form (first visit only). This is available on Trust Net.

4 Break Management

The correct break allocations are: Two x 30 minute unpaid breaks for staff on long day and night shifts (12 hours) and One x 30 minute unpaid break for short shifts (7.5 hours).

It is the responsibility of the NIC to ensure that break allocations are adhered to and that all staff complies with the Clinical Department Roster policy.

Food and drink is only permitted and consumed in the staff room

5**Operational Management**

The NIC is responsible for the operational management and leadership for the shift; this includes but is not exhaustive of:

- The NIC must ensure the 'Daily Nurse Staffing Poster' (outside the ward) and the 'Bay Nurse Poster' and bed boards are updated daily
- The NIC will liaise with the discharge co-ordinator, nursing and medical teams to ensure discharges occur in a timely manner.
- The NIC **ONLY** will be responsible for taking handovers of patients transferring from other areas and will decide where the patient is best placed on the ward. This includes taking responsibility to accommodate those patients requiring level 1 or 2 care from ED, MAU or other wards.
- Using Safe Care the NIC will be aware of when staffing levels fall outside a safe standard and will escalate to the Matron or 355 as appropriate
- The NIC will provide an overview of ward staffing to the Matron as requested

6**Briefings and Meetings****Whiteboard meetings – 09:00 (medical wards) Consultant ward rounds – 0800 (surgical wards)**

- It is the responsibility of the NIC to attend and lead the whiteboard meeting at 09:00hrs every morning.
- It is the responsibility of the NIC to attend all surgical rounds and to ensure that the P4EP board and form is accurate before submission to matron.
- A Golden Bed should be identified where possible and submitted to Matron before 09:00 hours
- The NIC is responsible for enhancing team participation and engagement in keeping the white board and P4EP board up to date.
- It is the responsibility of the NIC to ensure SALUS is up to date at all times.

Team Review – Ward dependant

- The NIC is expected to attend Team Review meetings where in place and be prepared with any updates on previous actions

Task Rounds – 15:00pm

- The NIC is required to attend the 3pm task round meeting where applicable

The NIC must deliver the patient safety brief and team review at the whiteboard and to the oncoming staff for duty

The NIC is responsible for highlighting any “Red Flags” raised at ward level and escalating as per policy

It is the responsibility of the NIC to ensure the cleanliness and daily tasks set out for each team are completed (located in team folders)

The NIC must complete the 3 x daily census on Safe Care which will support escalation

Any concerns for taking confused and dependant patients should be discussed with the Matron/ Senior nurse (bleep 0355) when patient numbers exceed recommendations and there is a high dependency of patients on the ward. Consider the Nursing Interventions as detailed in the Enhanced Observation Policy. If an enhanced level of observation for these patients is required, the “Level of Enhanced Observation- Risk assessment and decision algorithm for Acute adult inpatient areas” must be completed and submitted to matron.

The NIC must ensure the daily tasks / safety checks set out for this role (located in NIC Folder) are completed, paying particular attention to checking MANDATORY items

- Cardiac arrest trolley,
- Suction
- Oxygen
- Critical care.

It is the responsibility of the NIC to ensure the cleanliness and daily tasks set out for each team are completed (located in team folders) and that **ALL** staff deliver excellent Infection Control practices and maintain patient and staff safety at all times.

The monitoring of adherence to this SOP will be completed by Matrons and Heads of Nursing. Monitoring will be part of the senior team’s roles and any discussions regarding non-compliance will take place either through the Team Brief (for general continuous improvement) or through one to one performance conversations and appraisals.

It is expected that this SOP will be the beginning of a continuous improvement environment and therefore development will be documented through version control and all changes cascaded both verbally and electronically to all parties.

The design and process of review and revision of this procedural document will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of two years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by NMOC and ratified by the Heads of Nursing and Deputy Director of Nursing. Non-significant amendments to this document may be made, under delegated authority from the Heads of Nursing or by the nominated author. These must be ratified and should be reported, retrospectively, to the Matron meeting.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Heads of Nursing and Deputy Director of Nursing and for working with the Trust's training function, if required, to arrange for the required training to be delivered.