Trust Standard Operating Procedure	NHS University Hospitals Plymouth NHS Trust

Roles and responsibilities of the Nurse in Charge

Issue Date	Review Date	Version
September 2021	September 2023	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
- Cluster Matrons
- Heads of Nursing
- Ward Managers
- Ward medical teams
- Site team

Key Messages

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

Core accountabilities

Owner	Victor Sanchez Castrillon, Head of Nursing for Surgery
Review	Clinical Leaders Improvement Committee (CLIC)
Ratification	Liz Cox, Deputy Chief Nurse
Dissemination (Raising Awareness)	All wards and departments
Compliance	Nurses in Charge

Links to other policies and procedures

Enhanced Observation of Patients Policy
Clinical Departmental Rostering Policy
Nursing Safer Staffing Escalation Standard Operating Procedure
Discharge Lounge Standard Operating Procedure
Adult Ward to Ward Clinical Handover Standard Operating Procedure

Version History

1	June 2015	First draft for submission to Matrons' meeting.
2	September 2015	Review following feedback from Senior Team
3	December 2015	Reviewed and updated
4	February 2016	Reviewed and updated

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Responsibilities

5	February 2016	Break times reviewed
5.1	August 2021	Document extended to September 2021
6	October 2021	Reviewed and updated

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business 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.

An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

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.

CLI.OPS.SOP.1018.6 Nurse in Charge - Rules and Responsibilities

Standard Operating Procedure (SOP)

Role and responsibilities of the Nurse in Charge

1	Introduction

This document is to clearly define the role 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	Definitions

Nurse in Charge: a registered nurse who, in addition to their nursing duties to patients, is responsible for the supervision of the nursing team and care and operational delivery during their shift in a specific clinical area.

3	Staffing

As Nurse in Charge, 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 falling outside a safe standard you must inform the Ward Manager or Matron. For out of hours support, Duty Senior Nurse can be contacted on bleep 0355.

The Nurse in Charge will be responsible to provide an overview of ward staffing and patient acuity and dependency to the Matron and/or Duty Senior Nurse.

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

SafeCare 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 (NHpPD). Acuity data based on the Shelford Tool is collected on Safe care 3 times a day to inform those staffing decisions.

For further information, please refer to the Nursing Safer Staffing Escalation Standard Operating Procedure.

4	Supporting bank staff members (NHSP)

As a Nurse in Charge, you are responsible to orientate and induct the bank members (staff working for NHS Professionals) to the clinical area during your shift.

Bank members of staff who are new to the area and have not worked there before (first shift in the clinical area) will be required to undertake the Ward orientation and induction checklist and have a signed copy.

Bank shifts must be requested via the health roster system in order for Safe Care to be accurate. Shifts must not be created or requested through the NHSP platform.

Agency work will only be agreed upon at Executive level and shifts must not be released out to agency without direct authorisation.

5	Break management

The correct break allocation is two 30-minute unpaid breaks for staff on long day and/or night shifts (11.5 hours) and one 30-minute unpaid break for short shifts (7.5 hours).

It is the responsibility of the Nurse in Charge to ensure that break allocations are adhered to and that all staff complies with the Clinical Department Roster Policy.

Food and hot drinks are only permitted in the staff room areas. Cold drinks are allowed in the clinical areas if they have a hydration station.

6	Operational management

The Nurse in Charge is responsible for the operational management and leadership of the shift, this includes but is not exhaustive of:

1. The Nurse in Charge must ensure the daily nurse staffing is updated on the welcome to the ward boards at the entrance of each ward.

2. The Nurse in Charge must ensure the "Bay Nurse posters" and bed boards are up to date daily with the right information.

3. The Nurse in Charge will maintain SALUS (electronic bed management system) up to date at all times with the support of the admin and clerical teams.

4. The Nurse in Charge will liaise with the discharge coordinator, nursing and medical teams to ensure discharges occur in a timely manner. The Nurse in Charge will follow the action cards reflected on the Discharge Lounge Standard Operating Procedure on each shift accordingly to facilitate early flow in the morning and continue to utilise the discharge lounge area throughout the day.

5. The Nurse in Charge will be responsible for taking handovers of patients transferring from other areas in an electronic or verbal format and following the Clinical Handover Standard Operating Procedure. The Nurse in Charge will decide where the patient is best placed on the ward to mitigate any possible risks that patients may carry. This includes taking responsibility to accommodate those patients requiring level 1 or 2 care from the Emergency Department, the Medical or Surgical Assessment Units or other wards.

7	Briefings and Meetings

Whiteboard meetings – (Medical Wards)

Consultant Ward Rounds – (Surgical Wards)

- It is the responsibility of the Nurse in Charge to attend and lead the whiteboard meeting with the multidisciplinary teams at the arranged time in each clinica area.

- It is the responsibility of the Nurse in Charge to liaise with the surgical rounds and be present or deploy nursing input from within the team when necessary.

- The Nurse in Charge is responsible for enhancing team participation and engagement in keeping the whiteboard and plan for every patient up to date.

Team review – Ward dependant

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

Ward Huddles – Ward dependant

- The Nurse in Charge is expected to participate or lead in the absence of the Ward Manager the wards' safety huddles. Safety Huddles should happen at least twice during a long day and once overnight.

Safety Brief – at the beginning of each shift

- The Nurse in Charge on the previous shift is expected to deliver the safety brief delivered to the oncoming staff on duty.

8	Patient Safety

The Nurse in Charge is responsible for escalating any issues that meet the Nursing Safer Staffing Standard Operating Procedure and action a "Red flag" as per Matrons' advice.

It is the responsibility of the Nurse in Charge to ensure the shift by shift cleaning of equipment and overall cleanliness of the unit. This is the responsibility of all staff on duty but the Nurse in Charge will supervise the satisfactory completion and sign it off in the Nurse in Charge Checklist (Appendix 1).

The Nurse in Charge must ensure that the daily safety checks set out are completed and then signed off in the Nurse in Charge Checklist (Appendix 1), paying particular attention to checking the following mandatory checks:

- Cardiac arrest trolley.
- Portable suction.
- Suction at the end of each bed space.
- Oxygen storage and levels.
- Oxygen at the end of each bed space.

For a list of the daily tasks and checks, refer to Appendix 1 (Nurse in Charge Checklist). The Nurse in Charge Checklist represents the basic daily tasks that all clinical areas need to complete on a daily basis. It is the responsibility of the Ward Manager and Matron to add additional tasks relevant to specific areas to this checklist.

The Nurse in Charge must complete the daily census 3 times a day on Safe Care which will support the decision-making of staff deployment and also the understanding of the acuity and dependency in the clinical area.

Specific areas (i.e.: Emergency Department, Critical Care) can divert from the proporsed Nurse in Charge Checklist with sign-off by the Matron of the area and the Head of Nursing and a local Standard Operating Procedure.

9	Monitoring and assurance

The monitoring of adherence to this Standard Operating Procedure will be completed by the Matrons and reported to the Heads of Nursing and Associated Chief Operating Officers. Monitoring will be part of the Ward Manager and Matron roles and any discussions with the clinical teams regarding non-compliance will take place either through the Team Brief (for general continuous improvement) and/or Safety Brief (for immediate acknowledgement).

Assurance will be given by the Matrons covering the clinical areas through the monitoring of the compliance of the Nurse in Charge Checklist and their findings in the Matrons' checks every day. The ongoing performance will also be discussed during the Ward Managers' monthly performance meetings.

10	Document ratification process

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 the 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 via the Clinical Leaders Improvement Committee and ratified by Deputy Chief Nurse. 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 Clinical Leaders Improvement Committee.

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.

11	Dissemination and implementation

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.

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 on 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.

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Please, check the document on the following page.

![NHS University Hospitals Plymouth NHS Trust]

Ward: _____

Nurse in charge Daily Checklist w/c _____

Name and sign of the nurse in charge			
Mon		**Fri**	
Tue		**Sat**	
Wed		**Sun**	
Thu			

	Day and night task		Day only task		Night only task

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Complete team review and safety brief	/	/	/	/	/	/	/
Ensure all staff are bare below the elbows and comply with uniform policy	/	/	/	/	/	/	/
Check cubicle status and specimen station review	/	/	/	/	/	/	/
Update Safe Care with the acuity and dependency data	/	/	/	/	/	/	/
Maintain SALUS up to date throughout the shift	/	/	/	/	/	/	/
Identify patients to go to the Discharge Lounge by 8:30am the following day							
Ensure patients identified to go to the Discharge Lounge by 8:30h are ready							
Review MRSA status and alerts ensuring appropriate screening and suppression	/	/	/	/	/	/	/
Named nurse information boards updated	/	/	/	/	/	/	/
Patient name boards updated	/	/	/	/	/	/	/
Safety Cross and Staffing board updated							
Ensure daily cannula VIP scores are completed by 10am							
Ensure biomedical device care plans are updated (UCAM and CVCs) by 10am							
Ensure hypoglycaemia box and glucometers have been checked							
Perform TTA sweep	/	/	/	/	/	/	/
Control Drugs checked including patients' own							
Drug fridge checked and cleaned and temperature check and reported							
Ensure arrest trolley has been cleaned and checked							

Ensure portable suction has been cleaned and checked							
Ensure sluice and commodes are clean and tidy	/	/	/	/	/	/	/
Ensure commodes have been bleached							
Ensure *Actichlor* has been prepared less than 24hrs ago							
Ensure oxygen and suction has been checked in each bed space							
Ensure there is alcohol gel in every bed space and the bays and cubicles are clean and tidy							
Ensure flushing is complemented and documented in the electronic log							
AREA-SPECIFIC TASKS							
Weekly weights (Saturdays)							
Lying and Standing Blood Pressures (Sundays) – update falls risk assessment							

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