MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/056

Name	Nursing In Charge Of Shift of an Inpatient Mental Health Unit		
Risk Rating	Medium	**Review Date**	June 2025
What it is	This Business Rule is for managers and nursing staff and outlines the requirements associated with the role of Nurse In Charge of Shift. This business rule is to be used in conjunction with the SESLHD Mental Health Service In-Charge of Shift development framework SESLHD In-Charge of Shift Development Guide and SESLHD In-Charge of Shift Development Toolkit		
What to do	When a Nursing Unit Manager (NUM) is absent for the whole or greater part of a shift, a Nurse In Charge is allocated as per the Public Health System Nurses' and Midwives' (State) Award 2018. This nurse is responsible for the clinical management of the unit including the following.		
General coordination of consumer services	• Perform the duties of the position to the best of their ability, to a standard acceptable to SESLHD Mental Health Service (MHS) and in accordance with CORE standards of SESLHD • Support staff to follow the SESLHD MHS policies and procedures • Protect consumer confidentiality by providing guidance and support to staff to only access confidential health information, both electronic and paper based, relative to their business purposes and ensure that no printed health information is taken off-site at the end of the shift • Display adaptability and flexibility to meet the changing operational demands of the service • Take responsibility for the management of the S4/S8 drug keys, as per NSW Health PD2022_032 - Medication Handling, and participate in the ordering, storage, checking and administration of medications, including checking injectable medications • Participate in, and ensure, an effective handover between shifts, including for admissions/transfers/ leave arrangements as per SESLHDBR/040 - Clinical Handover for Mental Health Services (ISBAR) • Ensure that outstanding tasks that have not been completed during the shift are passed on to the incoming Nurse In Charge • Coordinate patient care with other health professionals, such as the person/people responsible for patient flow, the Acute Care Team, the Transitional Care Team, Care Coordinators (and the receiving hospital, where relevant), for discharges, transfers, admissions and clinical handovers		

	• Ensure that all staff sign clinical notes created during the shift before leaving the premises (with the exception of draft discharge summaries in progress).
Clinical Quality and Safety	• Coordinate emergencies (such as fire, bomb threats and disaster protocols), should the occasion arise, until relieved by a senior manager • Ensure clinical care is undertaken within established procedures in order to provide safe clinical care for consumers, ensuring clinical risk is minimised • Ensure clinical staff work within their approved scope of practice at all times • Ensure all junior clinical staff are appropriately supervised by senior clinical staff • Where areas of training deficits have been noted, the in charge must escalate to local management so that appropriate training can be arranged • Ensure all staff attend pre-booked training occurring during the shift, and utilise protected time, if appropriate, to undertake any outstanding mandatory training online modules • Promote a culture that supports learning and encourages reporting of errors • Implement all facets of the Safety for All principles.
Person Centred Care	• Ensure that consumers receive information in an appropriate and accessible format • Actively support consumers to make informed decisions about their treatment and ongoing care • Ensure consumers are aware of their rights, responsibilities and how to provide feedback.

Health, Safety and Incident Management	• Ensure all health and safety related policies, procedures and directions are followed within the area they are in charge of
	• Ensure all those in the area they are in charge of, treat others with respect, behaving professionally and in accordance with the NSW Health PD2015_049 - NSW Health Code of Conduct
	• When a SAC1 or SAC2 incident occurs manage in line with local incident management practices. Notify medical team as appropriate, notify senior manager in hours, or after hours Nurse Manager of local facility and executive on call.
	  • Incidents categorised as MHS SAC 2 including but not limited to:
	    • Sexual Safety Incidents within an Inpatient Unit SESLHDPR/293 - Consumer Sexual Safety In Mental Health Settings
	    • Police Intervention on an Inpatient Unit
	    • Serious injury of patients/clients of the MHS
	    • Other high-risk incidents requiring notification and investigation
	    • Patients absconding from a MH Inpatient Unit (absconding Type 1)
	    • Prone restraint longer than three minutes.
	NOTE: For more information on SAC 2 Incident Reporting refer to SESLHDBR/009 - Incident Processes for Harm Score (HS) 2,

	[3 and 4 Incidents required to be reported to the MHS General Manager](#).

Human Resource Management	• Ensure that a roster review is regularly undertaken during the shift, in light of unexpected staffing changes, and that required amendments are implemented to provide for the ongoing resource needs of the area they manage
	• Ensure that workforce planning is regularly undertaken and implemented to provide for the ongoing resource needs of the area they manage
	• Ensure rostering practices comply with applicable [Rostering Best Practice](#) guidelines, and cost effectively support delivery of quality service
	• Ensure workload is allocated fairly, and that employees in the area being managed regularly take allocated breaks
	• After hours, the decision to replace a staff member should be made in consultation with the after-hours Nurse Manager or on call Executive. This decision should take into account patient acuity and the staff mix, with due consideration given to the maintenance of a safe environment.
	• When replacing a staff member the following steps should be followed in order:
	  1. Request part-time staff to work extra hours
	  2. Request regular casual/pool staff to work
	  3. Request nursing agencies to supply staff (Site specific)
	  4. In-hours, request permanent staff to work overtime, following consultation with the NUM or After Hours Nurse Manager or site Executive
	  5. After-hours contact the On Call Mental Health Executive for overtime approval of staff.
	• When offering overtime, staff skill mix should be taken into account. However, the most junior staff member should be requested to work first, if clinically appropriate.
	• All proposed roster changes must be entered onto a *shift change sheet* and be approved by:
	  • St George MHS: NUM 3
	  • St George OPMHU: NUM 2
	  • Sutherland MHU: NUM 3
	  • Sutherland MH Rehabilitation Unit: NUM 2
	  • Eastern Suburbs MHS Kiloh: NUM 3
	  • Eastern Suburbs Mental Health Rehabilitation Unit: NUM 2 or After Hours Nurse Manager
	  • Eastern Suburbs Older Persons Mental Health Unit: NUM 2 or After Hours Nurse Manager.
	NOTE: There must be an appropriate gender mix of staff on each shift, and at least one of the nursing staff on each unit must be a permanent staff member.

Why the rule is necessary	The business rule is necessary to guide staff on the roles and responsibilities associated with the Nurse In Charge of Shift position.
Who is responsible	Responsible staff include all Registered Nurses involved in the care of mental health inpatients.
Functional Group	Mental Health

Executive Sponsor	Sharon Carey, General Manager, Mental Health Service
Author	Ben Chidester, Workplace Capabilities Nurse Educator, Mental Health Service
NSW Ministry of Health / SESLHD reference	**NSW Ministry of Health references** • PD2015_049 - NSW Health Code of Conduct • PD2022_032 - Medication Handling • PD2020_010 - Recognition and management of patients who are deteriorating • PD2019_020 - Clinical Handover • PD2020_047 - Incident Management Policy • PD2013_038 - Sexual Safety - Responsibilities and Minimum Requirements for Mental Health Services • PD2020_004 - Seclusion and Restraint in NSW Health Settings **SESLHD references** • SESLHDBR/040 - Clinical Handover for Mental Health Services (ISBAR) • SESLHDPR/316 - Smoke-Free Health Service Procedure • SESLHDBR/009 - Incident Processes for Harm Score (HS) 2, 3 and 4 Incidents required to be reported to the MHS General Manager • SESLHDPR/293 - Consumer Sexual Safety In Mental Health Settings **Other references** • NSW State Health Plan: Towards 2021. • Future Health: Guiding the next decade of health care in NSW 2022-2032 • National Safety and Quality Health Service NSQHS Second Edition: Standard 1. Governance Leadership and Culture (1.1) Organisational Leadership (1.3, 1.5) Clinical Leadership (1.6)

Revision and Approval History

Date	Revision Number	Author and Approval
Jan 2015	1	First draft prepared by Angela Karooz, SESLHD MHS Clinical Nurse Manager, in response to an inpatient death in another Local Health District and the need to ensure clear and consistent processes and documentation.
Jan-Feb 2015	2	First draft forwarded to STG/TSH Quality Manager and ESMHS Quality Manager for review and on-forwarding to Nursing Unit Managers, Patient Flow teams, Inpatient Services Managers, Clinical Nurse Consultants, Department Heads. Feedback reviewed by SESLHD MHS District Document Development and Control Committee (DDDCC). Edits made.
Mar 2015	3	Updated draft re-sent for broad consultation (as above). Minor edits made.
May 2015	4	Endorsed by SESLHD MHS DDDCC.
May 2015	4	Endorsed by SESLHD MHS Clinical Council.
August 2018	5	Completed minor review by SESLHD MHS Policy and Document Development Officer. Major review in progressed by SESLHD MHS

		Clinical Nurse Manager and In Charge of Shift working party Ben Chidester, Pam Jones, Sonja Bubnij, Marcia Pankhurst.
May 2019	6	Minor Review - Links checked and updated where necessary Appendix A added Circulated to DDCC for review and feedback.
May 2019	6.1	Incorporates feedback from N DiMichiel, K Reid and V Rowlands.
June 2019	6.2	Reviewed and endorsed by SESLHD MHS DDCC for progression to Clinical Council
June 2019	6.3	Appendix A removed Endorsed by SESLHD MHS Clinical Council
July 2019	6.3	Processed by Executive Services prior to publishing.
August 2020	6.4	Minor Review. Updated reference table to new NSW Health documents *PD2020_010 - Recognition and management of patients who are deteriorating* and *PD2020_047 - Incident Management Policy.* Endorsed SESLHD MHS Document Development and Control Committee Endorsed SESLHD MHS Clinical Council
May 2021	6.4	Approved by Executive Sponsor.
February 2022	7.0	Reviewed by author and MHS DoN. Minor changes only identified. Circulated to DDCC for feedback
June 2022	7.1	Minor feedback incorporated. Circulated for further feedback.
August 2022	7.1	No further feedback identified. Links checked and updated. Endorsed DDCC. Endorsed for publication Executive Sponsor.