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MHSOP Shift Co-ordinator Standard Operating Procedure

Introduction

The Mental Health Services for Older People (MHSOP) sits within the Mental Health Clinical Board. There are 6 wards in total which include St Barrucs, E10, E12, E14, E16 and E18. Each ward has a minimum of 14 beds who treat people with complex physical and mental health needs. St Barrucs is located in Barry Hospital, this is an isolated mental health unit with no access to PART or additional SIMA support. Ash ward is under the MHSOP directorate but is located in HYC and is covered by Adult shift co-ordinator.

The MHSOP Shift co-ordinator is a very important role as it ensures the wards safely staffed, that high risk situations are managed in timely way and issues escalated appropriately. It is also important that the shift co-ordinator is readily available to all staff and easily contactable at all times that they are on duty.

During the working week- 9am-5pm Monday to Friday the shift co-ordinator works in parallel with the directorate management and patient flow manager. Outside of operational hours the shift co-ordinator works alongside adult shift co-ordinator and has access to Silver on call- Manger for mental health.

There are daily site wide briefings held Monday- Friday at 21.30 with senior managers across the UHB on call and executive. These meetings also take place at weekends at 10.30 and 21.30. During this meeting all escalated issues are discussed. Some examples include low staffing, incidents, acuity, admissions and unannounced inspections. Escalation of issues to Silver on call via the Adult and MHSOP shift co-coordinators is critical to information sharing and a whole systems approach to the safe running of UHB.

Objectives

This Standard Operating Procedure covers all areas of guidance to effectively manage the MHSOP and St Barrucs unit

Aims of the Standard Operating Procedure :

- To ensure that the role and responsibly of shift co-ordinator is clear to all staff undertaking the role of shift co-ordinator
- That ward staff aware of the support and advice available to them from the MHSOP (and Adult) shift co-coordinator.
- The role and responsibility of the MHSOP shift co-ordinator is clear to other clinical boards
- Procedure for MHSOP shift co-ordinator sickness absence is clear

Document Title: MHSOP Shift Coordinator Standard Operating Procedure	2 of 12	Approval date: 05/04/2025
Version Number: 1		Date of Publication: Feb 2026
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- The guidance for the rota is clear
- Training needs are identified.
- Promotes supportive and collaborative relationships.
- The Standard Operating Procedure is in line with the organisational values and behaviours.
- **The Standard Operating Procedure considers the whole system.**

Scope
<ul style="list-style-type: none"> • This Standard Operating Procedure provides opportunity for clarification of role of MHSOP shift co-ordinator and promotes supportive relationships within the working environment reducing conflict. • This applies to MHSOP shift co-ordinator and is relevant to all staff working in the mental health clinical board. • This Standard Operating Procedure is not applicable to HYC shift co-ordinator role. • The Standard Operating Procedure takes a whole systems approach and will be helpful for all areas of the health board to understand the role of MHSOP shift co-ordinator • It will ensure communication between all parties involved is clear and promotes safe, timely, effective, efficient, equitable person-centred care and appropriate care and treatment to patients.

Equality Health Impact Assessment	The Standard Operating Procedure doesn't not require EQIA
Documents to read alongside this Standard Operating Procedure	<u>Bed Management</u> <u>Management of Violence and Aggression</u> <u>Medical Escalation procedure</u> <u>Safeguarding</u> <u>Managing Attendance at work</u> <u>TIM and Staff support to staff guidance – post incident</u> <u>Receipt of applications for detention under the Mental Health Act 1983 Procedure</u>
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Document Title: MHSOP Shift Coordinator Standard Operating Procedure	3 of 12	Approval date: 05/04/2025
Version Number: 1		Date of Publication: Feb 2026
Approved By: MHCB Controlled Documents Oversight Group CDOG		Next Review date: 05/04/2028

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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
V1	05/04/2026	Feb 2026	New Document

Contents

Introduction.....	5
Shift Co-ordinator Banding.....	5
The Shift Coordinator Responsibilities	5
Minimum classroom and online training required.....	6
Induction/Shadow shifts	6
Shift co-ordinator shift pattern.....	7
MHSOP Night staff responsibility to adult shift co-ordinator	7
Daily Duties of MHSOP shift co-ordinator	7
Managing Staffing Moves	7

Document Title: MHSOP Shift Coordinator Standard Operating Procedure	4 of 12	Approval date: 05/04/2025
Version Number: 1		Date of Publication: Feb 2026
Approved By: MHCB Controlled Documents Oversight Group CDOG		Next Review date: 05/04/2028

Authorising Additional Shifts to create capacity	8
Bed Management.....	8
St Barrucs.....	8
Advice from MHSOP Shift Co-coordinators to St Barrucs Ward	8
Shift Co-ordination from St Barrucs.....	9
Respite Bed St Barrucs.....	9
Shift Co-ordinator attending Emergencies	10
Shift Coordinator -Recording on Paris.....	10
Shift Co-ordinator Handovers	10
Shift Co-ordinator Duty Rota.....	11
Safeguarding	11
Unannounced Inspections	11
Safecare	12

Introduction

MHSOP Shift co-ordination role is a very important role within the daily running of a safe and effective MHSOP inpatient service. The role provides opportunity to manage safe staffing levels, provide clinical and managerial support, guidance and leadership to all staff.

The shift co-ordinator role does not substitute that of existing ward manger or senior nurse. It provides support and provides a single point of contact for staffing, co-ordination of the overall unit and leadership in clinical issues.

The role also supports the patient flow manager. The MHSOP shift co-ordinator will also work collaboratively and support with the adult shift co-ordinator. There is no expectation that MHSOP shift co-ordinator will be required to cover adult acute as this requires different knowledge base.

Document Title: MHSOP Shift Coordinator Standard Operating Procedure	5 of 12	Approval date: 05/04/2025
Version Number: 1		Date of Publication: Feb 2026
Approved By: MHCB Controlled Documents Oversight Group CDOG		Next Review date: 05/04/2028

Unlike adult acute, the MHSOP is not supernumery so the role of shift co-ordinator is in addition to their role. Whenever possible the shift co-ordinator role is best supported with a second qualified- this enables them to leave the ward to support staff if required.

Shift Co-ordinator Banding

- The role of shift co-ordinator involves a level of skill and competence regarding leadership, risk assessment and management. Therefore, Shift Co-ordinators need to be Band 6 or above.
- The role is that of a qualified nurse, as it requires knowledge, skill and experience of safe running of wards.
- However if a member of staff would like to try this as a development opportunity they can shadow an existing shift-coordinator.

The Shift Coordinator Responsibilities

- To be easily contactable at all times via Vocera
- Ensure staffing in safe as possible and that all steps are taken to any mitigate risks in relation to staffing gaps.
- Overseeing the safe, effective delivery of care for patients and staff in MHSOP and St Barrucs ward.
- Escalation of issues to senior managers and silver on call.
- To manage admissions safely and effectively.
- To advise and support staff with decision making.
- To advise and support with clinical and environmental risk assessment.
- To work collaboratively with Acute Shift Co-ordinator.
- To support staff throughout clinical incidents and ensure relevant UHB. protocols and procedure are followed.
- To ensure incidents are reported in a timely and effective way.
- Ensure beds are used effectively, considering any risk factors that might indicate a bed is required for admissions of “special urgency” for the purpose of s140 of the Mental Health Act.
- Ensure temporary staff shifts are deployed correctly from Heath Roster (MHSOP Pool) to the correct ward on health roster.
- Ensure any issues that happen out of hours are fully handed over when the directorate return to work.
- Receipt and scrutiny of MHA papers.

Document Title: MHSOP Shift Coordinator Standard Operating Procedure	6 of 12	Approval date: 05/04/2025
Version Number: 1		Date of Publication: Feb 2026
Approved By: MHCB Controlled Documents Oversight Group CDOG		Next Review date: 05/04/2028

Minimum classroom and online training required

The following training needs to be completed as a minimum before

- Receipt and Scrutiny Training (via MH Team)
- Health roster
- Vocera training
- Safe care
- Safeguarding Adults
- Safeguarding Children
- Shift co-ordinator Refresher Training
- Datix training

Induction/Shadow shifts

- Once a person is new to post as Band 6 or Band 7 and they have completed induction and minimum training they can start their shadow shifts.
- It is advised they shadow at least 2 different existing shift co-ordinators.
- When rostered on for their first 2 shifts they need to be on duty with other Band 6/7 or be supported by senior manager.

Shift co-ordinator shift pattern

- Mhsop shift co-ordinator covers the hours during 7.00-19.30 seven days a week
- The early shift runs from 7.00- 14.00
- Late shift from 14.00-19.30
- 19.30- 7.00 Night Duty is covered by Adult Acute-Shift Co-coordinator.

MHSOP Night staff responsibility to adult shift co-ordinator

- During night shift 19.30: 7:30 all MHSOP and St Barrucs ward staff need to report issues to Adult Acute Shift co-ordinator who is available on Vocera.
- At Night -The nurse in charge on each MHSOP ward must ensure the adult shift co-ordinator has been made aware of bed state, levels of observations, staffing and any issues for escalation as they arise. It is very important this information is accurate and readily available and reported in a timely way.

Document Title: MHSOP Shift Coordinator Standard Operating Procedure	7 of 12	Approval date: 05/04/2025
Version Number: 1		Date of Publication: Feb 2026
Approved By: MHCB Controlled Documents Oversight Group CDOG		Next Review date: 05/04/2028

Daily Duties of MHSOP shift co-ordinator

- To collect staffing numbers from each ward, broken down by male and female.
- To collect numbers of patients on ward and levels of observations
- Enter these actual numbers on the MHSOP Bed Management module on Paris. The final count is after all swaps made, so it is clear who is on duty on a ward on that shift.
- Attend relevant meetings for example 3 times weekly daily 8.30 staffing meetings with directorate management
- Ensure any Bank/Agency DNA shifts are escalated to temporary staffing
- Where managers are not on duty-ensure safe care modules have been completed
- All incidents must be attended by shift-coordinator (accepts St Barrucs shift co-ordinators) to support staff and advise correct procedures are followed.
- Depending on time of day -escalate issues to senior manager or silver on call.
- Ensure Datix has been completed.
- In the event of expected or unexpected deaths ensure patient safety fact finding is completed.

Managing Staffing Moves

- Each ward currently works to a designated staffing pattern based on acuity and professional judgement.
- The shift co-ordinator may need to deploy staff if staffing levels are low in one area order to make wards safer or they are not meeting safe staffing levels.
- As staffing moves decisions need to be based on risk assessment and collaborative discussion with ward staff.
- Any staff moves need to be fair and consider staff needs/or reasonable adjustments/skill levels.
- The shift co-ordinator is the overall decision maker and can be supported by Directorate Management/Adult Acute Shift-co-ordinator/Silver on call.
- Staff need to make every effort to support this decision.

Authorising Additional Shifts to create capacity

- Where staffing is at a critical level- Out of hours -all Bank shifts/Over Time shifts can be authorised by MHSOP shift co-ordinator however an email must be sent to senior nurse to make them aware.

Document Title: MHSOP Shift Coordinator Standard Operating Procedure	8 of 12	Approval date: 05/04/2025
Version Number: 1		Date of Publication: Feb 2026
Approved By: MHCB Controlled Documents Oversight Group CDOG		Next Review date: 05/04/2028

- Before authorising Bank/OT, please explore all options to keep spend at a minimum. For instance, try to swap shifts around and cover with substantive staff.
- All Agency shifts must go to directorate managers/silver on call for authorisation
- No enhanced-over time is being used
- In this case ensure datix is completed for safe staffing (as this is linked to safe care).

Bed Management

- Please refer to Mental Health Clinical Board Bed Management Policy

St Barrucs

Advice from MHSOP Shift Co-coordinators to St Barrucs Ward

- MHSOP shift co-ordinators need to be mindful that St Barrucs is an isolated unit.
 - There is no additional SIMA support.
 - There is no PART team.
 - There is a different escalation procedure for NEWS (Appendix 1).
 - They are often ambulance delays.
 - They dial 999 via Switch, remaining on the line- they must not use mobile phones (Appendix 2).
 - They run on increased numbers due to isolation.
 - Have a low threshold to transferring patients to MHSOP (EAST WARDS 10-18 UHL) who are physically unwell as they have greater access to medical care.
- Shift Co-ordination from St Barrucs

Shift Co-ordination from St Barrucs

- Shift Co-ordinators can complete the role from St Barrucs.
- However, they are unable to receive section papers as they are not based in UHL and cannot deliver them to the MHA office.
- In working hours please request the AMHP to deliver them to the MHA Office.

Document Title: MHSOP Shift Coordinator Standard Operating Procedure	9 of 12	Approval date: 05/04/2025
Version Number: 1		Date of Publication: Feb 2026
Approved By: MHCB Controlled Documents Oversight Group CDOG		Next Review date: 05/04/2028

- Alternatively, a Band 6/7 who has completed the correct MHA training 'Receipt and Scrutiny Training' could receive the papers on their behalf and deliver them to MHA office.
- A St Barrucs Shift co-ordinator must be made aware of incidents via phone
- The St Barrucs Shift co-ordinator is still available for support and guidance and must still be utilised for escalation of issues.
- If an emergency arises where the shift co-ordinator needs to attend, they can ask for a Band 6 or 7 already based in UHL to attend on the behalf. The Band 6/7 MUST prioritise and support them with this.
- If St Barrucs shift co-ordinator would prefer to attend the ward and they have transport they can do this- however they must not leave St Barrucs unsafe in doing so.

Respite Bed St Barrucs

- There is only 1 respite bed on St Barruc ward. If however, there are community patients needing admission, this must take priority over respite.
- When a patient is known by the YOD team to need a respite bed, the team in the first instance check the availability with the ward.
- If the ward feel the bed could be made available for the given period, the request is then made to Directorate Manager, Inpatient and Community Senior Nurse, Lead Nurse and Deputy Senior Nurse during Mon- Fri 9-5 and via email out of hours.
- Any known risks, such as relatives at risk of not accepting patient back home must be flagged at the time of admission.
- The respite is added to the bed management file, and to Directorate Manager, Inpatient Senior Nurse, Lead Nurse and Deputy Senior Nurse and Deputy Directorate Manger and at the 8.30 meeting.

Shift Co-ordinator attending Emergencies

- Emergencies include, medical, fire, psychiatric, cardiac arrest, PART team.
- Ward Staff must alert the MHSOP shift co-ordinator and make them aware as early as possible.
- The shift-co-ordinator needs to attend and additional support if required.
- Shift-co-ordinator will support the nurse in charge- advising and supporting with relevant policies and procedures.
- Shift-coordinator will ensure the staff team are supported immediately following the incident.

Document Title: MHSOP Shift Coordinator Standard Operating Procedure	10 of 12	Approval date: 05/04/2025
Version Number: 1		Date of Publication: Feb 2026
Approved By: MHCB Controlled Documents Oversight Group CDOG		Next Review date: 05/04/2028

- Shift co-ordinator ensures datix is completed.

Shift Coordinator -Recording on Paris

- The following information need to be recorded on Paris Bed Management Module, including times and relevant detail.
- Staffing numbers.
- Where pool staff were been deployed to.
- Any incidents.
- Any admissions.
- Any outbreaks.
- Any ward closures.
- Any contact with police, EDT, Community, Silver on call.
- Safeguarding.
- Unannounced Inspections.

Shift Co-ordinator Handovers

- Each shift co-coordinator must handover to the next shift co-coordinator at lunchtime (12.30).
- In order to discharge your responsibility of shift co-ordinator you are required to fully handover current and foreseeable risk across the whole of MHSOP inpatient unit. This includes steps to mitigate those risks. For example, new admission, reporting of future staffing issues, post incident support or outstanding safeguarding issues.
- If these have all been logged accurately on MHSOP module, this will support a safe and effective handover. This aids communication as future shift co-ordinators can read this to understand what's been happening in the last few days. This will also support St Barrucs shift co-ordinators.
- The shift-coordinator from late shift needs to email any issues to next shift-co-ordinator on duty the following morning, cc HYC night shift coordinator. Even if it's been a day of no issues- report no issues in handover email and on the MHSOP module.

Shift Co-ordinator Duty Rota

- The shift co-coordinator is critical to safe running of the unit.
- The shift co-ordinator rota is formed by Deputy to Directorate Manager and issued 6 weeks in advance and circulated via email to all MHSOP shift co-ordinators.

Document Title: MHSOP Shift Coordinator Standard Operating Procedure	11 of 12	Approval date: 05/04/2025
Version Number: 1		Date of Publication: Feb 2026
Approved By: MHCB Controlled Documents Oversight Group CDOG		Next Review date: 05/04/2028

- Rotas are added to Rotawatch by Deputy Directorate Administrator.
- The shift co-ordinator must be work their allocated shift and it's their responsibly to check their rota against the shift co-ordinator rota.
- If unable to cover their shift it's the responsibility to get the shift covered and notify the directorate administrators so they can update Rotawatch.
- In the case of sickness allocated shift co-ordinator must ring in sick and report this in line with managing attendance at work. They must also notify line manager/ adult acute shift coordinator and silver on call. Managers need to explore who else is on duty to take to shift co-ordination.
- If a Band7/6 is on short or long-term sick- line manager is responsible to checking future shift co-ordinator rota to ensure future shifts are covered.
- Deputy Senior Nurse and Senior Nurse double check the rota at the beginning of the week to ensure it's covered.

Safeguarding

- When a patient has been put at risk of abuse or neglect the shift-coordinator must ensure staff are supported and advised to make a timely referral to safeguarding.
- Shift coordinator must notify adult shift-coordinator.
- Silver on call is available for advice (or to escalate to) if adult shift-coordinator isn't available.
- Ensure the directorate have been made aware either verbally or via email marked 'urgent safeguarding'.

Unannounced Inspections

- In the case of an unannounced inspection the ward staff must inform MHSOP Shift Co-coordinator.
- MHSOP must inform adult acute shift-cordinator who escalates to Silver on call
- Silver on call escalates to executive on call.

Safecare

- Each ward is expected to input data to safe care twice a day.
- In the event of no mangers being around, the shift co-ordinator is responsible for ensuring information is inputted.
- The shift-coordinator will consider data from safecare to assess levels of acuity across the unit which will inform decision making.

Document Title: MHSOP Shift Coordinator Standard Operating Procedure	12 of 12	Approval date: 05/04/2025
Version Number: 1		Date of Publication: Feb 2026
Approved By: MHCB Controlled Documents Oversight Group CDOG		Next Review date: 05/04/2028

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