|  |  |
| --- | --- |
| **Date:** |  |
| **Shift Manager name:** |  |
| **Shift Time:** |  |
| **Handing over to:** |  |

**PLEASE COMPLETE HOURLY VOLUMES**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TIME** |  |  |  |  |  |  |  |  |
| **IUC ADVICE:**  Locked: |  |  |  |  |  |  |  |  |
| **NUMBER OF BREACHED CASES WITHOUT SC:** |  |  |  |  |  |  |  |  |
| **F2F APPOINTMENTS:**  Locked: |  |  |  |  |  |  |  |  |
| **HOME VISITS:**  Locked: |  |  |  |  |  |  |  |  |
| **NCCBQ:** |  |  |  |  |  |  |  |  |
| **CONSULT AND HOLD:**  Locked: |  |  |  |  |  |  |  |  |

**PLEASE COMPLETE THE FACULTY OPEL SUBMISSION AT THE FOLLOWING TIMES:**

WEEKENDS- 10.00, 15.00, 21.00

WEEKDAY EVENING- 21.00

OVERNIGHT- 01.00, 06.00

|  |  |  |  |
| --- | --- | --- | --- |
| **OPEL STATUS:** |  |  |  |
| **TIME ENTERED TO FACULTY:** |  |  |  |

|  |  |
| --- | --- |
| **DID YOU GO INTO ESCALATION?** |  |
| **ESCALATION MEASURES ENACTED:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HOME VISIT BREACHES** | | | |
| **Case Number** | **Target** | **Arrived** | **Comments** |
|  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **SHIFT OVERVIEW:** | | | | | |
|  | | | | | |
| **Did you contact the on call manager?** | | | Yes/No | | |
| **Items discussed with on call (please note all as bullets)** | | |  | | |
| **TREATMENT CENTRE/CAR FEEDBACK:** | | | | | |
| **Clevedon:** | *Panic alarms confirmed out at base: Y/N* | | | | |
| **Christchurch:** | *Panic alarms confirmed out at base: Y/N* | | | | |
| **Greenway:** | *Panic alarms confirmed out at base: Y/N* | | | | |
| **Marksbury Road:** | *Panic alarms confirmed out at base: Y/N* | | | | |
| **168:** | *Panic alarms confirmed out at base: Y/N* | | | | |
| **Osprey:** |  | | | | |
| **IT SUPPORT FORMS REPORTED:** | | | | | |
| Reported by | |  | |  |  |
| Brief overview of issue | |  | |  |  |
| **CLINICAL STAFF:** | | | | | |
|  | | | | | |
| **OPERATIONAL STAFF:** | | | | | |
|  | | | | | |
| **LEARNING EVENTS REPORTED:** | | | | | |
| Reported by | |  | |  |  |
| Brief overview of event | |  | |  |  |
| **ANY OTHER FEEDBACK:** | | | | | |
|  | | | | | |

|  |  |
| --- | --- |
| **ACTION** | **TIME** |
| **SESUI SPOT CHECKS:** |  |
| **ENSURE REFERRAL AND CONSULTATION ACCOUNTS ARE CLEAR AT START AND END OF SHIFT:** |  |
| **ENSURE PATIENT FORMS AND DESKTOP ARE CLEAR AT START AND END OF SHIFT:** |  |
| **INSTANT MESSAGE SENT TO HOSTS REMINDING THEM TO CHECK HANDWASHING AUDIT SPREADSHEET AND AUDIT ANY CLINICIANS DUE:** |  |

|  |  |
| --- | --- |
| **VERSION NUMBER:** | V2.9 March 2025 |
| **DATE:** | 05/03/2025 |
| **CREATED BY:** | Hollie Gage |