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

**PLEASE COMPLETE HOURLY VOLUMES**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TIME** |  |  |  |  |  |  |  |  |
| **IUC ADVICE:**Locked: |  |  |  |  |  |  |  |  |
| **NUMBER OF BREACHED CASES WITHOUT SC:**  |  |  |  |  |  |  |  |  |
| **SCAS****ED/999:**Locked:**CHILDREN’S:**Locked: |  |  |  |  |  |  |  |  |
| **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** |
|  |  |  |  |

**DRUG CHECKS (Weekday evening SM/Early ASM)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Base:**  | **Time completed:** | **Car:** | **Time completed:** | **Any issues reported:** |
| **COSSHAM** |  | Fcar6 |  |  |
| **CLEVEDON** |  | N/A |  |  |
| **GREENWAY** |  | N/A |  |  |
| **MARKSBURY ROAD** |  | Kcar1 |  |  |
| **168** |  | Wcar8 |  |  |
| **OSPREY** | N/A | Kcar 2 |  |  |

|  |
| --- |
| **SHIFT OVERVIEW:**  |
|   |
| **Items escalated to On-Call Manager** (please include all items discussed) |  |
| **TREATMENT CENTRE/CAR FEEDBACK:** |
| **Clevedon:** | *Panic alarms confirmed out at base:*  |
| **Cossham:** | *Panic alarms confirmed out at base:*  |
| **Greenway:** | *Panic alarms confirmed out at base:*  |
| **Marksbury Road:** | *Panic alarms confirmed out at base:*  |
| **168:** |  *Panic alarms confirmed out at base:*  |
| **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** |
| **SYNETY SPOT CHECKS:** |  |
| **SESUI SPOT CHECKS:** |  |
| **K2 DRUG CHECK (Please include name of clinician drugs were checked by):** |  |
| **CONFIRM HOW MANY USB HEADSETS ARE PRESENT (out on desks and/or as spares):** |  |
| **CHECK 4 OSPREY FOBS ARE IN PLACE:** | **START OF SHIFT**  | **END OF SHIFT**  |
|  |  |
| **OSPREY MANUAL PRESCRIPTIONS (WEEKDAY SM/LATE ASM):** |  |
| **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:** |  |
| **DoS CHANGES LOGGED ON SPREADSHEET:** |  |
| **CHECK ED LINE DIVERTED BACK TO BCH AT END OF SHIFT:**  |  |
| **CONFIRMATION WITH PPG THAT ED/999 CLOSED AT END OF SHIFT:** |  |
| **INSTANT MESSAGE SENT TO HOSTS REMINDING THEM TO CHECK HANDWASHING AUDIT SPREADSHEET AND AUDIT ANY CLINICIANS DUE (weekday evenings only – or if no ASM at weekend):** |  |

|  |  |
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| **VERSION NUMBER:** | January 2025 v 29.9 |
| **DATE:** | 07/01/2025 |
| **CREATED BY:** | Hollie Gage |