|  |  |
| --- | --- |
| **Date:** |  |
| **Shift Manager name:** |  |
| **Shift Time:** |  |

**PLEASE COMPLETE HOURLY VOLUMES**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TIME** | **9:00** | **10:00** | **11:00** | **12:00** | **13:00** | **14:00** | **15:00** | **16:00** | **17:00** | **18:00** |
| CAS QUEUE TOTAL:  Locked: |  |  |  |  |  |  |  |  |  |  |
| WDLP: |  |  |  |  |  |  |  |  |  |  |
| 24HR CAS CASES: |  |  |  |  |  |  |  |  |  |  |
| ED/999: |  |  |  |  |  |  |  |  |  |  |
| PAEDIATRICS: |  |  |  |  |  |  |  |  |  |  |
| FRAILTY: |  |  |  |  |  |  |  |  |  |  |
| FOLLOW UP: |  |  |  |  |  |  |  |  |  |  |
| URGENT FOLLOW UP: |  |  |  |  |  |  |  |  |  |  |
| OVERSIGHT: |  |  |  |  |  |  |  |  |  |  |

**CALL HANDLER TAKE LIST ACCESS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **BRI** | **NBT** | **Comments** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PLEASE FILL IN THE ABOVE FOR ALL CALL HANDLERS WORKING ON YOUR SHIFT. IF ANSWERING ‘N’ PLEASE ADD A**

**COMMENT TO HIGHLIGHT THE SPECIFIC ISSUE BEING EXPERIENCED.**

|  |  |
| --- | --- |
| **PEM position escalated following 12.00 check** |  |
| **Comments** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SHIFT OVERVIEW:** | | | | |
|  | | | | |
| **IT SUPPORT FORMS REPORTED:** | | | | |
| Reported by |  |  | |  |
| Brief overview of issue |  |  | |  |
| **CLINICAL STAFF:** | | | | |
|  | | | | |
| **FACE SIRONA PRESENCE:** | | | | |
| Name |  | | | |
| Time |  | | | |
| Osprey/Remote |  | | | |
| **OPERATIONAL STAFF:** | | | | |
|  | | | | |
| **LEARNING EVENTS REPORTED:** | | | | |
| Reported by |  |  | |  |
| Brief overview of event |  |  | |  |
| **CLEO EVENTS REPORTED:** | | | | |
| CLEO Support Ref | CLEO Case Number | | Brief description of issue | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
| **ANY OTHER FEEDBACK:** | | | | |
|  | | | | |

|  |  |
| --- | --- |
| **ACTION** | **TIME** |
| **TEST PROFESSIONAL LINE IS DIRECTING TO WDPL AT START OF SHIFT** |  |
| **SESUI SPOT CHECKS** |  |
| **CONFIRM HOW MANY USB HEADSETS ARE PRESENT** |  |
| **OSPREY MANUAL PRESCRIPTIONS** |  |
| **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 CHILDREN’S ED ADVICE LINE HAS DIVERTED AS PER ROTA** |  |
| **OSPREY CAR DRUG CHECK COMPLETE (PLEASE SPECIFY NAME OF CLINICIAN PERFORMING THE CHECK WITH YOU)** |  |
| **WEEKS 1 AND 3 – PSQ STATUS (Folding/franking/posted etc.)** |  |
| **CHECK ALL 4 DOOR FOBS ARE PRESENT** |  |
| **Check Call Handler Mobile is Charged and Updated** |  |

|  |  |
| --- | --- |
| **VERSION NUMBER:** | September 2025 v2.10 |
| **DATE:** | 23/09/2025 |
| **CREATED BY:** | Stuart Burgess |