HEALTHCARE STAFFING PROGRAMME (HSP)

Community Children's and Children's Specialist Nurse (CCSN)

Staffing Tool Data Collection Template

Date	Nurse Name	Start time
Day	Team	Finish time

Unique Identifier	Patient Related Interventions							
	Face to Face				Non Face to Face			
	Duration In minutes	Assist Visit		Level Of Care 1-4	Location e.g. Health centre, Care home etc	Duration In minutes	Assist Visit		Level Of Care 1-4	Location e.g. Health centre, Care home etc
		Yes	No				Yes	No		

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Community Children's and Children's Specialist Nurse (CCSN)

Staffing Tool Data Collection Template

Nurse Name	Team	Day and Date

Clinic/ Session/ Drop-in				Associated Workload		Travel		
Type	**Start Time**	**End Time**	**No. of People**	**Type**	**Duration** Minutes	**Mode** Car, Foot etc	**Duration** Minutes	**Miles**
Exceptions								
Type	**Start Time**	**End Time**	**No. of People**					
					Total Duration and Miles		