# **HEALTHCARE STAFFING PROGRAMME (HSP)**



## **Community Nursing**

## **Staffing Tool Data Collection Template**

Date	Nurse Name	Start time
Day	Team	Finish time

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

## **HEALTHCARE STAFFING PROGRAMME (HSP)**



## **Community Nursing (CN)**

## **Staffing Tool Data Collection Template**

Nurse Name	Team	Day and Date
L	1	1

Clinic			Associated Workle	Travel				
Туре	Start Time	End Time	No. of People	Туре	<b>Duration</b> Minutes	<b>Mode</b> Car, Foot etc	<b>Duration</b> Minutes	Miles
						Total Duration and Miles		

Exceptions								
Туре	Start Time	End Time	No. of People					