HEALTHCARE STAFFING PROGRAMME
HSP
Community Nurse
Workload tool data collection template

Day & Date: | Nurse Name: | Team:
--- | --- | ---

Unique Identifier | Patient related Interventions | Other
--- | --- | ---
Face to Face | Non face to face | Travel

**Duration**
In minutes

**Level of Care**
Insert number 1 - 4

Was this an assisted visit?
Tick Yes  No

**Location**
e.g Health Centre/ care home etc

**Duration**
In minutes

**Level of Care**
Insert number 1 - 4

Was this an assisted visit?
Tick Yes  No

**Location**
e.g Health Centre/ care home etc

**Time**
Minutes

**Miles**

**Format**
e.g. foot, car etc

Total time & miles

---

20191001 HSP RESOURCE Community Nursing Data Capture template v3.0
Author L Boyce on behalf of HSP HIS

Documents will be reviewed on a 6 monthly cycle.

review date: 01.04.20
# Workload tool data collection template

**Nurse Name:**

**Team:**

**Week Beginning:**

<table>
<thead>
<tr>
<th>Date &amp; Day</th>
<th>Clinic</th>
<th>Associated work</th>
<th>Exception</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Type</td>
<td>Type</td>
<td>Type</td>
</tr>
<tr>
<td></td>
<td>Start time</td>
<td>Time in minutes</td>
<td>Start time</td>
</tr>
<tr>
<td></td>
<td>End time</td>
<td>No. people</td>
<td>End time</td>
</tr>
</tbody>
</table>

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