

Nursing & Midwifery Workforce and Workload Planning Programme NMWWPP

Community Children & Children's Specialist Nurse Workload tool data collection template

Day & Date:	Nurse Name:	Team:
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CHI number or unique identifier	<u>Patient related Interventions</u>								<u>Other</u>					
	Face to Face				Non face to face				Travel					
	<u>Duration</u> In minutes	<u>*Level of Care</u> Insert number 1 - 4	Was this an assisted visit? Tick Yes No		<u>Location</u> e.g Health Centre/ home etc	<u>Duration</u> In minutes	<u>*Level of Care</u> Insert number 1 - 4	Was this an assisted visit? Tick Yes No		<u>Location</u> e.g Health Centre/ home etc	<u>Time</u> Minutes	<u>Miles</u>	<u>Format</u> e.g. foot, car etc	
														Total time & miles

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Nurse Name:	Team:
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Week Beginning:

Date & Day	Clinic				Associated work		Exception			
	Type	Start time	End time	No. people	Type	Time <small>in minutes</small>	Type	Start time	End time	No. people