

Care hours per patient day (CHPPD): guidance for mental health and community trusts

October 2018

We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

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1. Introduction

One obstacle to eliminating unwarranted variation in the distribution of the workforce across and within the NHS provider sector has been the absence of a single means of consistently recording, reporting and monitoring staff deployment.

The care hours per patient day (CHPPD) metric was developed to provide a consistent way of recording and reporting deployment of nursing staff providing care in inpatient ward settings. The metric was designed initially for acute hospitals but has since been tested and adapted for use in mental health and community inpatient wards.

Through service redesign we have noted that it is not uncommon for some inpatient mental health and community trust inpatient wards to include professionals other than nurses in their ward establishment. The CHPPD measure must include these roles to provide an accurate record of the care hours available. Therefore, from September 2018, for mental health and community trusts we have extended the national CHPPD data collection to include all registered and non-registered AHPs

For the purposes of this document, 'AHPs' includes all registered professionals and their clinical support staff (see Appendix 1 for the list of roles included).

CHPPD must include all professionals in the ward budget and establishment who are part of the ward roster, work as part of your team and take part in day-to-day care, undertaking specific roles such as enhanced care, facilitating patient groups and activities and ward leadership. AHPs who deliver interventions to patients on the ward, but who work across many wards/services/pathways so are not rostered as part of the ward establishment, are excluded from this data collection.

2. What is CHPPD?

CHPPD was developed, tested and adopted to provide a single consistent way of recording and reporting deployment of staff on inpatient wards/units.

The metric produces a single figure that represents both staffing levels and patient requirements, unlike actual hours alone.

- It enables comparisons between wards/units. As CHPPD is calculated after dividing by the number of patients, the value does not increase due to the size of the unit – allowing comparisons between units of different sizes.
- It offers the ability to differentiate registered staff (nurses and AHPs) from healthcare support workers (nursing and AHP) for reporting purposes, to ensure skill-mix is well-described and the nurse-to-patient ratio taken account of in staff deployment, along with an aggregated overall score.
- CHPPD is a descriptor of workforce deployment that can be used at ward, service or aggregated to trust level.
- CHPPD is most useful at ward level: service leaders and managers can compare workforce deployment over time with similar wards in the trust or at other trusts, as part of a review of staff productivity alongside clinical quality and safety outcome measures.

3. How to calculate CHPPD

To calculate CHPPD, the **patient count at midnight** – the total number of patients on the ward at 23.59, which is collected daily – was added to the **safe staffing** monthly return. These figures are then aggregated for the month for this return. Monthly CHPPD data will now be routinely collected for inpatient areas in all sectors: acute, specialist acute, mental health and community trusts.

We aim to enhance this data collection for mental health and community trusts by including registered and non-registered AHPs.

CHPPD will then be calculated using this field alongside the existing fields for the registered nurse and healthcare support workers as shown below.

CHPPD calculation:

day shift hours + night shift hours worked by both registered mental nurses and registered nurses, healthcare support workers and registered AHPs and non-registered AHPs

approximation of every 24 hours of inpatient admissions by taking a daily count of patients in beds at 23.59

This is aggregated each day over the month in question. The fill rates of rotas and CHPPD are calculated from this ongoing data return.

We recognise that the 23.59 census does not fully represent the total and fluctuating daily care activity or the peak bed occupancy. However, it provides a reliable and consistent information collection point and a common basis for productive comparisons to measure, review and reduce ward-level variation within organisations and within similar specialties across different trusts.

4. Implementing CHPPD

From May 2016, CHPPD formally became the principal measure of nursing and care support deployment for acute and acute specialist trusts. We expect it will increasingly form part of an integrated ward/unit/trust-level quality framework and of review dashboards encompassing quality of care, patient outcomes, people productivity and financial sustainability.

To make this collection less burdensome, a new field was included in the Strategic Data Collection Service (SDCS) safe staffing returns already in everyday use across trusts – ‘Patient count at midnight’. This is the total number of patients on the ward at 23.59, which is collected each day and then totalled for the month for this return.

Monthly CHPPD data is routinely collected, recorded and reported in the Model Hospital down to ward level for inpatient areas in each acute trust. The Model Hospital retrospectively shows CHPPD data obtained from SDCS and safe staffing monthly returns. We aim to develop Model Hospital ward-level dashboards for mental health and community inpatient areas, and so allow the data to be reported for all inpatient sectors.

Growing evidence suggests workforce productivity will increase if organisational policy and practice include reviewing CHPPD for daily and bi-annual ward-level establishment setting, overseen at divisional and trust level.

We developed this updated CHPPD guidance after two pilot AHP data collections across mental health and community trusts, nationally in September 2017 and again in June 2018.

5. Strategic Data Collection Service (SDCS) CHPPD factsheet

CHPPD indicator SDCS return

To take account of emerging changes, this factsheet will be updated at least quarterly or more frequently in the case of significant developments.

Timeframes

This is a monthly data collection that must be returned by 12 noon on the 11th working day of the subsequent month. It will be posted and made available on the second Friday of the month after that.

For example: Data for 1 to 31 October must be returned by 12 noon on 15 November 2018. Appendix 1 includes the dates for data submission for the rest of the year.

SDCS

To upload data to SDCS, which is run by NHS Digital, trusts should contact Data.Collections@nhs.net to obtain a username for the system. Full instructions and guidance will then be provided. The upload template is called Safe Staffing (Rota Fill Rates and CHPPD Collection).

Contact details

For all questions about this guidance, or the current or future collection, contact nhsi.returns@nhs.net. We will try to respond within 24 hours.

SDCS template terms, explanations and definitions

For reporting purposes, 'registered nurses' includes registered mental nurse (RMN) and registered nurse (RN). 'AHP' includes all professionals as well as their clinical support staff (non-registered AHPs).

Number	Term	Explanation/definition
1	Reporting period	The calendar month
2	Hospital site code	Select your hospital site code from the dropdown box. All hospital sites can be added to one overall return for each trust.
3	Ward name	<p>Enter the ward name or number.</p> <p>All wards with inpatient beds need to be included, except:</p> <ul style="list-style-type: none"> • additional capacity wards <p>Please ensure that each ward name is in line with the ward names used on the submissions, so it matches the NHS Choices website. Do not use abbreviations.</p>
4	First specialty	Select the first specialty for the ward from the dropdown box.
5	Second specialty	If there is more than one, select the second specialty for the ward from the dropdown box. Enter data for the whole ward. If the ward covers more than two specialties, please select the two for which there are most patients.
6	Night	The shift period within which midnight falls.
7	Day	All periods not included in the night shift.
8	Registered nurse	A member of registered nursing staff on the duty rota dedicated to the inpatient area. Include all such staff.
9	Care staff	<p>Include any non-registered staff member on the duty rota dedicated to the inpatient area who have delegated responsibility from a registered nurse. Examples are:</p> <ul style="list-style-type: none"> • nursing assistants • healthcare assistants • support workers • auxiliary nurses.

Number	Term	Explanation/definition
10	Registered AHPs	<p>A registered AHP on the duty roster dedicated to the inpatient area. This includes:</p> <ul style="list-style-type: none"> • occupational therapists • physiotherapists • speech and language therapists • clinical psychologists • dietitians • social workers • activity co-ordinators.
11	Non-registered AHPs	<p>A non-registered staff member on the duty roster dedicated to the inpatient area with delegated responsibility from a registered AHP. This includes:</p> <ul style="list-style-type: none"> • activity co-ordinators • occupational therapy assistants • peer support workers • physiotherapy assistants • speech and language therapy assistants.
12	Students	Students are excluded.
13	Total monthly planned staff hours	<p>Enter the total monthly planned hours for:</p> <ul style="list-style-type: none"> • registered nurses on day shifts • registered nurses on night shifts • care staff on day shifts • care staff on night shifts • registered AHPs on day shifts • registered AHPs on night shifts • non-registered AHPs on day shifts • non-registered AHPs on night shifts.
14	Total monthly actual staff hours	<p>Enter the total monthly actual hours worked for:</p> <ul style="list-style-type: none"> • registered nurses on day shifts • registered nurses on night shifts • care staff on day shifts • care staff on night shifts

Number	Term	Explanation/definition
		<ul style="list-style-type: none"> • registered AHPs on day shifts • registered AHPs on night shifts • non-registered AHPs on day shifts • non-registered AHPs on night shifts
15	Patients count at midnight	<p>Enter the number of patients on the ward at 23.59 on the date of the shift. Include patients who are being 'nursed' in other health facilities by your ward staff. Do not include patients 'on leave'.</p>
16	CHPPD	<p>This information is automatically calculated from the data entered on the template.</p> <p>The CHPPD is calculated by taking the actual hours worked divided by the number of patients at midnight split by registered nurses/AHPs and care/support staff.</p>
17	Staff to be included	<p>Count in all staff on the duty rota dedicated to the inpatient area. This includes:</p> <ul style="list-style-type: none"> • all registered nursing staff and AHPs on the duty rota dedicated to the inpatient area • all care staff and non-registered AHPs on the duty rota dedicated to the inpatient area – this includes: <ul style="list-style-type: none"> – staff rostered from a pool – staff specifically booked to provide 'enhanced care' (special) to a patient; this is to reflect a legitimate staffing increase to manage acuity and dependency – staff who are providing enhanced care and supervision to patients being nursed in alternative settings such as an acute trust – staff who are booked to 'escort patients' – staff working additional hours on top of their booked shift should have their extra hours included – bank and agency staff – nursing assistants

Number	Term	Explanation/definition
		<ul style="list-style-type: none"> – healthcare assistants – support workers – auxiliary nurses • OT assistants • physiotherapy assistants • dietetic assistants • activity co-ordinators.
18	Staff to be excluded	<p>Exclude staff not included on the staff duty rota – usually:</p> <ul style="list-style-type: none"> • specialist nurses covering several wards/units • all AHPs who work peripatetically across wards and are therefore not rostered or part of a ward establishment • registered nurses or AHPs undertaking preceptorship or new starters (if not included as part of the planned staffing and therefore supernumerary) • student nurses and student AHPs • hospitality staff such as hostesses • ward admin staff.

Further supporting information

1. If a ward is permanently closed, the ward should no longer be reported. You should remove this ward from NHS Choices. The person in your organisation who has editor's permissions to amend the NHS Choices system must do this.
2. If a ward has a temporary planned closure partway through the month, the planned and actual staffing days when the ward is open should be reported as normal. The actual and planned-for days when the closure occurs should be recorded as zero. Reflect the variance in the staffing and patient count in the monthly submission, with the reason for it.

3. If the ward is a mixed inpatient and day-patient/outpatient unit, include only staff delivering inpatient care. We are carrying out further analysis to find a more appropriate solution where this may not be possible. Please indicate where this is the case on the returns.
4. Include external staff hours if they support care of inpatients for more than two hours.

Appendix 1: Roles included under 'AHP' for this data collection

- Activity co-ordinator (registered)
- Activity co-ordinator (non-registered)
- Clinical psychologist (registered)
- Dietetic assistant (non-registered)
- Dietitian (registered)
- Occupational therapist (registered)
- Occupational therapy assistant (non-registered)
- Peer support worker (non-registered)
- Pharmacist (registered)
- Physiotherapist (registered)
- Physiotherapy assistant (non-registered)
- Social worker (registered)
- Speech and language therapist (registered)
- Speech and language therapy assistant (non-registered)
- Other allied health professional (registered)
- Other allied health assistant (non-registered)

Appendix 2: CHPPD indicator SDCS return: data collection dates September 2018 to March 2019

Data period	Collection period opens	Collection period closes
October 2018	1 November 2018	15 November 2018 – 12 noon
November 2018	3 December 2018	17 December 2018 – 12 noon
December 2018	2 January 2019	16 January 2019 – 12 noon
January 2019	1 February 2019	15 February 2019 – 12 noon
February 2019	1 March 2019	15 March 2019 – 12 noon
March 2019	1 April 2019	15 April 2019 – 12 noon

Appendix 3: Trusts required to submit patient count at midnight figures to calculate CHPPD

Trust	Code	Designation
2Gether NHS Foundation Trust	RTQ	Mental health
Avon and Wiltshire Mental Health Partnership NHS Trust	RVN	Mental health
Barnet, Enfield and Haringey Mental Health NHS Trust	RRP	Mental health
Berkshire Healthcare NHS Foundation Trust	RWX	Mental health
Birmingham and Solihull Mental Health NHS Foundation Trust	RXT	Mental health
Birmingham Community Healthcare NHS Foundation Trust	RYW	Community
Black Country Partnership NHS Foundation Trust	TAJ	Mental health
Bradford District Care NHS Foundation Trust	TAD	Mental health
Bridgewater Community Healthcare NHS Foundation Trust	RY2	Community
Cambridgeshire Community Services NHS Trust	RYV	Community

Trust	Code	Designation
Cambridgeshire and Peterborough NHS Foundation Trust	RT1	Mental health
Camden and Islington NHS Foundation Trust	TAF	Mental health
Central and North West London NHS Foundation Trust	RV3	Mental health
Central London Community Healthcare NHS Trust	RYX	Community
Cheshire and Wirral Partnership NHS Foundation Trust	RXA	Mental health
Cornwall Partnership NHS Foundation Trust	RJ8	Mental health
Coventry and Warwickshire Partnership NHS Trust	RYG	Mental health
Cumbria Partnership NHS Foundation Trust	RNN	Mental health
Derbyshire Community Health Services NHS Foundation Trust	RY8	Community
Derbyshire Healthcare NHS Foundation Trust	RXM	Mental health
Devon Partnership NHS Trust	RWV	Mental health
Dorset HealthCare University NHS Foundation Trust	RDY	Mental health
Dudley and Walsall Mental Health Partnership NHS Trust	RYK	Mental health
East London NHS Foundation Trust	RWK	Mental health
Essex Partnership University NHS Foundation Trust	R1L	Mental Health

Trust	Code	Designation
Gloucestershire Care Services NHS Trust	R1J	Community
Greater Manchester Mental Health NHS Foundation Trust	RXV	Mental health
Hertfordshire Community NHS Trust	RY4	Community
Hertfordshire Partnership University NHS Foundation Trust	RWR	Mental health
Hounslow and Richmond Community Healthcare NHS Trust	RY9	Community
Humber NHS Foundation Trust	RV9	Mental health
Kent and Medway NHS and Social Care Partnership Trust	RXY	Mental health
Kent Community Health NHS Foundation Trust	RYY	Community
Lancashire Care NHS Foundation Trust	RW5	Mental health
Leeds and York Partnership NHS Foundation Trust	RGD	Mental health
Leeds Community Healthcare NHS Trust	RY6	Community
Leicestershire Partnership NHS Trust	RT5	Mental health
Lincolnshire Community Health Services NHS Trust	RY5	Community
Lincolnshire Partnership NHS Foundation Trust	RP7	Mental health
Mersey Care NHS Foundation Trust	RW4	Mental health

Trust	Code	Designation
Midlands Partnership NHS Foundation Trust	RRE	Mental health
Norfolk and Suffolk NHS Foundation Trust	RMY	Mental health
Norfolk Community Health and Care NHS Trust	RY3	Community
North East London NHS Foundation Trust	RAT	Mental health
North Staffordshire Combined Healthcare NHS Trust	RLY	Mental health
North West Boroughs Healthcare NHS Foundation Trust	RTV	Mental health
Northamptonshire Healthcare NHS Foundation Trust	RP1	Mental health
Northumberland, Tyne and Wear NHS Foundation Trust	RX4	Mental health
Nottinghamshire Healthcare NHS Foundation Trust	RHA	Mental health
Oxford Health NHS Foundation Trust	RNU	Mental health
Oxleas NHS Foundation Trust	RPG	Mental health
Pennine Care NHS Foundation Trust	RT2	Mental health
Rotherham, Doncaster and South Humber NHS Foundation Trust	RXE	Mental health
Sheffield Health and Social Care NHS Foundation Trust	TAH	Mental health
Shropshire Community Health NHS Trust	R1D	Community

Trust	Code	Designation
Solent NHS Trust	R1C	Community
Somerset Partnership NHS Foundation Trust	RH5	Mental health
South London and Maudsley NHS Foundation Trust	RV5	Mental health
South West London and St George's Mental Health NHS Trust	RQY	Mental health
South West Yorkshire Partnership NHS Foundation Trust	RXG	Mental health
Southern Health NHS Foundation Trust	RW1	Mental health
Staffordshire and Stoke on Trent Partnership NHS Trust	R1E	Community
Surrey and Borders Partnership NHS Foundation Trust	RXX	Mental health
Sussex Community NHS Foundation Trust	RDR	Community
Sussex Partnership NHS Foundation Trust	RX2	Mental health
The Tavistock and Portman NHS Foundation Trust	RNK	Mental health
Tees, Esk and Wear Valleys NHS Foundation Trust	RX3	Mental health
West London Mental Health NHS Trust	RKL	Mental health
Wirral Community NHS Foundation Trust	RY7	Community
Worcestershire Health and Care NHS Trust	R1A	Mental health

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