

Care Hours per Patient Day (CHPPD)  
Guidance for Mental Health and  
Community Trusts

March 2018

## 1. Introduction

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

In order to provide a consistent way of recording and reporting deployment of staff providing care in inpatients, the Care Hours Per Patient Day (CHPPD) metric was developed. Initially for acute hospitals, the metric has since been tested and adapted for use in mental health and community inpatient wards.

From April 2018 all trusts (acute, acute specialist, community and mental health) are required to collect CHPPD monthly for all of their inpatient wards.

## 2. What is CHPPD?

- Care Hours per Patient Day (CHPPD) was developed, tested and adopted to provide a single consistent way of recording and reporting deployment of staff working on inpatient wards/units.
- CHPPD gives a single figure that represents both staffing levels and patient requirements, unlike actual hours alone.
- CHPPD allows for comparisons between wards/units. As CHPPD has been divided by the number of patients, the value doesn't increase due to the size of the unit – allowing comparisons between different units of different sizes.
- CHPPD reports split out registered mental health and registered nurses from care staff (healthcare support workers /assistants) to ensure skill mix and care need is reflected.
- CHPPD is a descriptor of workforce deployment that can be used at ward, service or aggregated to trust level.
- CHPPD is most useful at a clinical ward level where service leaders can consider workforce deployment over time compared with similar wards within a trust or at other trusts as part of a review of staff productivity alongside clinical quality and safety outcomes measures.
- CHPPD will be collected as an additional item on the existing and continuing **safe staffing** monthly return which is collected via the Strategic Data Collection Service (SDCS), trusts should contact [Data.Collections@nhs.net](mailto:Data.Collections@nhs.net) to obtain a username to the system.

## 3. How to calculate CHPPD

To calculate CHPPD, the existing and continuing **safe staffing** monthly return has been modified to add a new field – “**cumulative count over the month of patients at 23:59 each day**”. – This field is defined as a count of the total number of patients on the ward at 23:59 daily, aggregated for the calendar month.

CHPPD will then be calculated using this field, alongside already existing fields in the following way:

**CHPPD Calculation:**

Day Shift Hours + Night Shift Hours Worked by both Registered Mental Nurses and  
Registered Nurses and Healthcare Support Workers

---

Approximation of Every 24 Hours of In-Patient Admissions by Taking a Daily Count of  
Patients in Beds at 23:59

It is recognised that the 23:59 census is not fully representative of the total and fluctuant daily care activity or the peak bed occupancy. It however provides a reliable and consistent information collection point and a common basis on which productive comparisons can be made to measure, review and reduce variation at ward level within organisations and also within similar specialities across different trusts.

**4. Implementation of CHPPD**

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

To make this collection less burdensome, a new field was included into the pre-existing safe staffing returns which were already in everyday use across trusts.

Monthly CHPPD data is routinely collected, recorded and reported on the Model Hospital down to ward level for inpatient areas in each acute trust. Following the extension of the CHPPD collection, NHS Improvement aims to extend the Model Hospital ward level dashboards to mental health and community inpatient areas, thereby allowing the data to be reported for all inpatient sectors.

A growing body of evidence suggests that if the review of CHPPD is incorporated into organisational policy and practice for daily and bi-annual establishment setting at ward level with divisional and trust level oversight, nursing and midwifery productivity will be increased.

This guidance was developed following two pilot CHPPD data collections across mental health and community trusts in 2017, one with the Carter mental health and community cohort in April 2017 and the second a national data collection in September 2017 across all mental health and community trusts.

## Strategic Data Collection Service (SDCS) CHPPD FACTSHEET

### Care Hours Per Patient Day (CHPPD) Indicator SDCS Return

In order 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 which must be returned by 12 noon on the 11<sup>th</sup> working day of the subsequent month. It will be posted and made available on the 2<sup>nd</sup> Friday of the month after that.

**For example:** 1<sup>st</sup> to 30<sup>th</sup> April data must be returned by 12 noon on the 16<sup>th</sup> May 2018. Appendix 2 includes the dates for data submission for the rest of the year.

#### SDCS

In order to upload data to the Strategic Data Collection Service (SDCS), which is run by NHS Digital, trusts should contact [Data.Collections@nhs.net](mailto:Data.Collections@nhs.net) to obtain a username to the system. Full instructions and guidance regarding how to login and access the template will then be provided. The upload template is currently called “Safe Staffing (Rota Fill Rates and CHPPD Collection)”.

#### Contact Details

For all questions or queries in regards to this guidance paper, or the current or future collection, they can be directed to [nhsi.returns@nhs.net](mailto:nhsi.returns@nhs.net) . We will endeavour to respond to any questions or queries within 24 hours.

#### The SDCS Template Terms, Explanations and Definitions

For the purposes of reporting Registered Nurses includes Registered Mental Nurse (RMN) and Registered Nurse (RN).

Number	Term	Explanation/Definition
1.	<b>Reporting Period</b>	The calendar month
2.	<b>Hospital Site Code</b>	Select your hospital site code from the drop down box. All hospital sites can be added to one overall return for each Trust.
3.	<b>Ward Name</b>	Enter the ward number or number.  All wards with inpatient beds need to be included, <b>with the exception of;</b> <ul style="list-style-type: none"> <li>• Additional capacity wards</li> </ul> Please ensure that each ward name used is consistent each month and is in line with the ward names used on all other ward level inpatient data submissions (e.g. Safety Thermometer, Friends & Family) to

		facilitate full alignment on the NHS Choices website. Do not use abbreviations.
4.	<b>First Speciality</b>	Select the first speciality for the ward from the drop down box.
5.	<b>Second Speciality</b>	<p>If there is more than one, select the second speciality for the ward from the drop down box. Data should be entered for the whole ward. If the ward covers more than two specialities please select the two for which there are most patients.</p> <p>Work is ongoing to review and refine the approach to categorisation of specialities in recognition of remaining queries on wards with more extreme uniqueness.</p>
6.	<b>Night</b>	Night is defined as the shift period within which midnight falls.
7.	<b>Day</b>	Day shifts are all the periods not included in the night shift.
8.	<b>Registered Nurse</b>	A member of registered nursing staff on the duty rota dedicated to the inpatient area. All such staff are to be included.
9.	<b>Care Staff</b>	<p>A non-registered member of staff on the duty rota dedicated to the inpatient area with delegated responsibility from a registered nurse are included. Examples are:</p> <ul style="list-style-type: none"> <li>• Nursing Assistant</li> <li>• Healthcare Assistant</li> <li>• Support Workers</li> <li>• Auxiliary Nurses</li> </ul>
10.	<b>Students</b>	<ul style="list-style-type: none"> <li>• Students are excluded</li> </ul>
11.	<b>Total monthly planned staff hours</b>	<p>Enter the total monthly planned hours for:</p> <ul style="list-style-type: none"> <li>• Registered Nurses on day shifts</li> <li>• Registered Nurses on night shifts</li> <li>• Care Staff on day shifts</li> <li>• Care Staff on night shifts</li> </ul>
12.	<b>Total monthly actual staff hours</b>	<p>Enter the total monthly actual hours worked for:</p> <ul style="list-style-type: none"> <li>• Registered Nurses on day shifts</li> <li>• Registered Nurses on night shifts</li> <li>• Care Staff on day shifts</li> <li>• Care Staff on night shifts</li> </ul>
13.	<b>Patients count at midnight</b>	Enter the number of patients on the ward at 23.59 on the date of the shift. <b>Do not include patients 'on leave'</b>
14.	<b>CHPPD – Care Hour Per Patient Day</b>	<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/midwives and care staff.</p>
15.	<b>Staff to be included</b>	<p>All staff on the duty rota dedicated to the inpatient area should be counted in. This includes:</p> <ul style="list-style-type: none"> <li>• <b>all</b> registered nursing staff on the duty rota dedicated to the inpatient area</li> <li>• <b>all</b> care staff on the duty rota dedicated to the inpatient area – this includes:</li> </ul>

		<ul style="list-style-type: none"> <li>○ staff rostered from a pool</li> <li>○ staff specifically booked to provide 'enhanced care' (special) to a patient. This is to reflect a legitimate staffing increase to manage acuity and dependency</li> <li>○ staff who are booked to 'escort patients'</li> <li>○ staff doing additional hours on top of their booked shift should have their extra hours included</li> <li>○ bank and agency staff</li> <li>○ Nursing Assistants</li> <li>○ Healthcare Assistants</li> <li>○ Support Workers</li> <li>○ Auxiliary Nurses</li> </ul>
<b>16.</b>	<b>Staff to be excluded</b>	<p>The following staff should be excluded: Staff not included on the staff duty rota. This would usually include:</p> <ul style="list-style-type: none"> <li>● specialist nurses covering a number of wards/units</li> <li>● all allied healthcare professional (AHPs) and non-nursing/midwifery registered clinicians</li> <li>● registered nurses undertaking a period of preceptorship or new starters (if not included as part of the planned staffing and therefore supernumerary)</li> <li>● student nurses</li> <li>● hospitality staff such as hostesses</li> <li>● ward admin staff</li> </ul>

### Further supporting information

1. For the wards which are not open at night and have zero patients at midnight zero is logged for patient count. Please include "zero (closed at night)" in the field for patient count.
2. If a ward is permanently closed the ward should no longer be reported on. You should remove this ward from NHS Choices. This needs to be done by the person in your organisation who has editor's permissions to the NHS Choices system.
3. If a ward has a temporary planned closure part way through the month, the planned and actual staffing days when the ward is open should be reported as normal. The actual and planned for the days when the planned closure occurs should be recorded as zero. The variance in the staffing and patient count and the rationale should be reflected in the monthly submission.
4. If the ward is a mixed inpatient and day patient/outpatient unit, only those staff delivering inpatient care should be included. Further analysis is being undertaken to deliver an increasingly appropriate solution for cases where this may not be possible. Please indicate where this is the case on the returns.
5. External staff hours should be included if they support care of inpatients for more than 2 hours.

**Appendix 1:**

**All trusts with an inpatient unit are required to submit data in order to calculate CHPPD**

<b>Code</b>	<b>Trust Name</b>	<b>Designation</b>
RTQ	2Gether NHS Foundation Trust	Mental Health
RVN	Avon and Wiltshire Mental Health Partnership NHS Trust	Mental Health
RRP	Barnet, Enfield and Haringey Mental Health NHS Trust	Mental Health
RWX	Berkshire Healthcare NHS Foundation Trust	Mental Health
RXT	Birmingham and Solihull Mental Health NHS Foundation Trust	Mental Health
RYW	Birmingham Community Healthcare NHS Foundation Trust	Community
TAJ	Black Country Partnership NHS Foundation Trust	Mental Health
TAD	Bradford District Care NHS Foundation Trust	Mental Health
RY2	Bridgewater Community Healthcare NHS Foundation Trust	Community
RT1	Cambridgeshire and Peterborough NHS Foundation Trust	Mental Health
RYV	Cambridgeshire Community Services NHS Trust	Community
TAF	Camden and Islington NHS Foundation Trust	Mental Health
RV3	Central and North West London NHS Foundation Trust	Mental Health
RYX	Central London Community Healthcare NHS Trust	Community
RXA	Cheshire and Wirral Partnership NHS Foundation Trust	Mental Health
RJ8	Cornwall Partnership NHS Foundation Trust	Mental Health
RYG	Coventry and Warwickshire Partnership NHS Trust	Mental Health
RNN	Cumbria Partnership NHS Foundation Trust	Mental Health
RY8	Derbyshire Community Health Services NHS Foundation Trust	Community
RXM	Derbyshire Healthcare NHS Foundation Trust	Mental Health
RWV	Devon Partnership NHS Trust	Mental Health
RDY	Dorset Healthcare University NHS Foundation Trust	Mental Health
RYK	Dudley and Walsall Mental Health Partnership NHS Trust	Mental Health
RWK	East London NHS Foundation Trust	Mental Health
R1L	Essex Partnership University NHS Foundation Trust	Mental Health
R1J	Gloucestershire Care Services NHS Trust	Community
RXV	Greater Manchester Mental Health Foundation NHS Trust	Mental Health
RY4	Hertfordshire Community NHS Trust	Community
RWR	Hertfordshire Partnership University NHS Foundation Trust	Mental Health
RY9	Hounslow and Richmond Community Healthcare NHS Trust	Community
RV9	Humber NHS Foundation Trust	Mental Health
RXY	Kent and Medway NHS and Social Care Partnership Trust	Mental Health
RYY	Kent Community Health NHS Foundation Trust	Community
RW5	Lancashire Care NHS Foundation Trust	Mental Health
RGD	Leeds and York Partnership NHS Foundation Trust	Mental Health
RT5	Leicestershire Partnership NHS Trust	Mental Health
RY5	Lincolnshire Community Health Services NHS Trust	Community
RP7	Lincolnshire Partnership NHS Foundation Trust	Mental Health
RW4	Mersey Care NHS Foundation Trust	Mental Health
RMY	Norfolk and Suffolk NHS Foundation Trust	Mental Health
RY3	Norfolk Community Health and Care NHS Trust	Community

RAT	North East London NHS Foundation Trust	Mental Health
RLY	North Staffordshire Combined Healthcare NHS Trust	Mental Health
RTV	North West Boroughs Healthcare NHS Foundation Trust	Mental Health
RP1	Northamptonshire Healthcare NHS Foundation Trust	Mental Health
RX4	Northumberland, Tyne and Wear NHS Foundation Trust	Mental Health
RHA	Nottinghamshire Healthcare NHS Foundation Trust	Mental Health
RNU	Oxford Health NHS Foundation Trust	Mental Health
RPG	Oxleas NHS Foundation Trust	Mental Health
RT2	Pennine Care NHS Foundation Trust	Mental Health
RXE	Rotherham, Doncaster and South Humber NHS Foundation Trust	Mental Health
TAH	Sheffield Health and Social Care NHS Foundation Trust	Mental Health
R1D	Shropshire Community Health NHS Trust	Community
R1C	Solent NHS Trust	Community
RH5	Somerset Partnership NHS Foundation Trust	Mental Health
RV5	South London and Maudsley NHS Foundation Trust	Mental Health
RRE	South Staffordshire and Shropshire Healthcare NHS Foundation Trust	Mental Health
RQY	South West London and St George's Mental Health NHS Trust	Mental Health
RXG	South West Yorkshire Partnership NHS Foundation Trust	Mental Health
RW1	Southern Health NHS Foundation Trust	Mental Health
R1E	Staffordshire and Stoke on Trent Partnership NHS Trust	Community
RXX	Surrey and Borders Partnership NHS Foundation Trust	Mental Health
RDR	Sussex Community NHS Foundation Trust	Community
RX2	Sussex Partnership NHS Foundation Trust	Mental Health
RX3	Tees, Esk and Wear Valleys NHS Foundation Trust	Mental Health
RKL	West London Mental Health NHS Trust	Mental Health
R1A	Worcestershire Health and Care NHS Trust	Mental Health

**Appendix 2**

**Care Hours Per Patient Day (CHPPD) Indicator SDCS Return: Data collection dates April 2018 to March 2019**

<b>Data Period</b>	<b>Collection Period Opens</b>	<b>Collection Period Closes</b>
April 2018	1 <sup>st</sup> May 2018	16 <sup>th</sup> May 2018 – 12 noon
May 2018	1 <sup>st</sup> June 2018	15 <sup>th</sup> June 2018 – 12 noon
June 2018	2 <sup>nd</sup> July 2018	16 <sup>th</sup> July 2018 – 12 noon
July 2018	1 <sup>st</sup> August 2018	15 <sup>th</sup> August 2018 – 12 noon
August 2018	3 <sup>rd</sup> September 2018	17 <sup>th</sup> September 2018 – 12 noon
September 2018	1 <sup>st</sup> October 2018	15 <sup>th</sup> October 2018 – 12 noon
October 2018	1 <sup>st</sup> November 2018	15 <sup>th</sup> November 2018 – 12 noon
November 2018	3 <sup>rd</sup> December 2018	17 <sup>th</sup> December 2018 – 12 noon
December 2018	2 <sup>nd</sup> January 2019	16 <sup>th</sup> January 2019 – 12 noon
January 2019	1 <sup>st</sup> February 2019	15 <sup>th</sup> February 2019 – 12 noon
February 2019	1 <sup>st</sup> March 2019	15 <sup>th</sup> March 2019 – 12 noon
March 2019	1 <sup>st</sup> April 2019	15 <sup>th</sup> April 2019 – 12 noon