Frimley Health
NHS Foundation Trust

Patient Information re: CHPPD

From September 2018 Care hours per patient day (CHPPD) will become the key workforce indicator for Nursing and Midwifery, this will be reported on both NHS Choices and My NHS websites at Trust and ward level. FHFT will also display this information under our performance section of this website; data updated monthly.

Below is some additional information to support the understanding of what CHPPD is, how the data is calculated and the benefits of using CHPPD to monitor nursing & midwifery workforce deployment.

Following information taken from NHSi and NHS England: CHPPD Guidance for Acute and Specialist Trusts. https://improvement.nhs.uk/documents/3177/CHPPD_guidance_-_acute.pdf

Care Hours per Patient Day (CHPPD): What is this?

CHPPD is now the national principal measure of nursing, midwifery and healthcare support staff deployment on inpatient wards. Alongside clinical quality and safety outcomes measures, CHPPD can be used to identify unwarranted variation and support delivery of high quality, efficient patient care.

CHPPD is a composite of registered nursing staff and health care support worker input hours. Both are recorded separately and shown in our report monthly for registered midwives, nurses and an overall CHPPD (Combined) for each clinical inpatient area.

CHPPD is most useful at ward level where service leaders and managers can consider the workforce deployment over time, with comparable wards within a trust or at other trusts as part of a review of staff deployment and overall productivity. This measure is used alongside clinical quality and safety outcomes measures to reduce unwarranted variation and support delivery of high quality, efficient patient care. At FHFT we are currently building upon our internal existing quality/performance dashboard to ensure as an organisation we are sighted on this.

The benefits of using CHPPD:

Care Hours per Patient Day (CHPPD) was developed, tested and adopted to provide a single, consistent and nationally comparable way of recording and reporting deployment of staff to provide care on inpatient wards:

- It gives a single comparable figure that can simultaneously represent both staffing levels and patient requirements, unlike actual hours or patient requirements alone we have previously focussed on nationally.
- It facilitates comparisons between wards within a trust and also nationally with wards at other trusts within the same speciality. As CHPPD has been divided by the number of patients, the value does not increase due to the size of the ward and this facilitates comparisons between wards of different sizes; and
- It differentiates registered nurses and midwives from healthcare support workers to ensure skill mix is well described and that nurse to patient ratio is encompassed within staff deployment considerations.

How is CHPPD worked out?: Methodology

To calculate CHPPD, monthly returns for **safe staffing** and along with the daily **patient count at midnight**, which is the total number of patients on the ward at 23:59 are aggregated for the month.

Calculation:

$$\frac{\text{Day Shift Hours + Night Shift Hours Worked by both Nursing Support Staff and Registered Nurses \& Midwives}}{\text{Approximation of Every 24 Hours of In-Patient Admissions by Taking a Daily Count of Patients in Beds at 23:59}}$$

Example:

Total Day Hours Worked by Nursing Support Staff for the month = 400

Total Day Hours Worked by Registered Nurses for the month = 1000

Total Night Hours Worked by Nursing Support Staff for the month = 300

Total Night Hours Worked by Registered Nurses for the month = 1000

Total Hours Worked for the month = 2700

Total Patients @ 23:59 for the month (Logged Daily) = 300

CHPPD Rate = 2700/300 = 9.0

This is aggregated each day over the month in question. From this data return, care hours per patient day (CHPPD) are calculated.

The 23:59 census is not entirely representative of the total and fluctuating daily care activity, patient turnover or the peak bed occupancy. However, it 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.

At FHFT:

- Within our six monthly Director of Nursing ward reviews at FHFT we will be reviewing what our wards planned CHPPD is in our budgets and compare this by speciality with both our peer and national colleagues to ensure our inpatient bedded areas are safely budgeted.
- From the end of October 2018, we will be piloting a piece of software that works alongside our electronic staff rostering system, this will aid us as a Trust to be sighted in realtime what our actual staffing levels are, whilst providing us what our CHPPD we are actually delivering to our patients to ensure safe staffing levels across the organisation.

For further information re: CHPPD or any other Nursing & Midwifery workforce matter, please contact:

Neil Webb (Safe Staffing Lead/Matron) Neil.Webb1@nhs.net