Improving lives

NHS
Sheffield Health Partnership University
NHS Foundation Trust

Board of Directors
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Report Title:	**Integrated Performance and Quality Report (IPQR) September 2026**
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Vision and values:	The IPQR supports the Trust's ambition to **improve the mental, physical and social wellbeing of the people in our communities.** It contributes to the value **we keep improving** by providing a clear and integrated view of performance and quality, enabling effective oversight, assurance and timely intervention where required.
Purpose:	The IPQR is produced monthly as part of the Sheffield Health Partnership University (SHPU) performance improvement framework. It provides assurance against key performance, quality, workforce and financial indicators aligned to the Trust's strategic objectives and national requirements. Where performance is below target or falling, actions and mitigations are described within the narrative.
Executive summary:	This IPQR contains data up to and including September 2026. It covers our 4 strategic aims (deliver outstanding care, effectives use of resources, reduce inequalities and great place to work), while also drilling down into our specific service lines. Our September position demonstrates sustained delivery and progress across several key areas. This reflects the SHPU Way's focus on continuous improvement, data-informed decision making and delivering better outcomes. Action plans remain in place to address areas of challenge and support further improvement during the year. Summary of our Alert, Advise, Assure (AAA) position is below:

Strategic Area / Domain	Alert 🔴	Advise 🟡	Assure 🟢
Deliver Outstanding Care	3	4	5
Effective Use of Resources	1	3	2
Reduce Inequalities	0	2	0
Great Place to Work	0	2	0
Corporate: Safety and Quality	1	3	1
Corporate: Our People	0	2	2
Clinical Service Lines	7	13	5
Forging Improvement Programmes	0	2	5

ALERT

- Embedding of patient-reported outcome measures (PROMs) is strong for adults but remains challenging for children and young people

(CYP). Actions are in progress with eating disorders, autism spectrum disorder (ASD) and liaison psychiatry teams, with improvement expected in Q3.

- 20 CYP waits over 104 weeks, including 16 individuals with overlapping referrals across mental health and ASD, attention deficit hyperactivity disorder (ADHD) or gender. Improvement actions to be tested and progressed in Q3.
- Seclusion increased to 21 instances against a 24-month average of 8. This is mainly attributable to one service user. A targeted improvement plan is being developed with senior leadership support.
- Data quality maturity index (DQMI) improved from 84 to 88.1% but remains below the 89.1% national average. Targeted improvement actions continue with a roadmap monitored through Trust governance.
- Care opinion has been increasing month on month from July to September, with a record 40 stories. Teams are working towards our achieving our Trust target of 185 per month, with creative approaches to promote care opinion, including via emails and posters, paper forms, personalised support from support workers and a dedicated feedback week in October.
- Service-line alerts include delayed discharges and high bed occupancy, NHS 111 and crisis performance, selected waiting lists and lengths of stay, and concentrated sickness and vacancy pressures.

ADVISE

- Adult acute and psychiatric intensive care unit (PICU) discharged length of stay improved to 41.1 days, close to the 40-day target, but delayed discharge pressures worsened and require continued home first and system-partner action.
- Crisis urgent face-to-face contacts within 24 hours was 68.8% in September from 75.4% (August) against the 90% internal target. Action & impact will be monitored through the home first programme workstream 1.
- Risk-assessment compliance reduced slightly from 78.8% to 75.8% against 95% target.
- Proportion of inpatients who smoke and are making a supported quit attempt improved to 17.1% in September against a national average of 18%.
- Trust wide unreviewed incidents reduced to 217 in September though this is still a high figure and above a recent low of 173 in July. Specific targeted actions and escalation is underway, with detail provided within service line reporting.
- Temporary staffing remained at 7.6% of staff costs and above target, while the latest productivity growth estimate (April-June-26 year to date) show SHPU's productivity growth is now at +31.1%, exceeding our Q1 target of +27.9%.
- Sickness reduced further from 6.12% to 5.78% against a target of 5.3%; supervision and performance development review (PDR) compliance also remain slightly below target.
- Protected-characteristic recording improved, although gaps remain, and several crisis, community, rehabilitation and specialist-service measures require continued monitoring and recovery action.

ASSURE

	• Continued delivery of zero adult acute and PICU out-of-area placements for an eleventh consecutive month. • Continued improvement in referral to treatment compliance in our learning disabilities services, with 98% of people receiving treatment within 18 weeks of referral in September. • 90.7% of ward discharges were followed up within 72 hours. • 14-day readmissions improved to 5.2% (from 6.8% in August) • Rate of restrictive interventions reduced from 33.7 to 30.1 per 1,000 bed days, below the benchmark of 36. • Falls reduced to 12 in September, the lowest in two-years. • Clinical trial set-up within 90 days reached 100%. • Our month 6 financial position was £141k favourable to plan, mainly due to the underspend on out of area. • Mandatory training remained at 92%. **National Dashboard Publication** NHS England has launched a new quarterly Mental Health, Learning Disability and Autism Dashboard, bringing together measures relating to access, activity, quality and investment. This provides an additional source of comparative intelligence which may support future benchmarking, performance monitoring and service development discussions within the Trust. **Appendix attached: Integrated Performance and Quality Report September 2026**

Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	*Yes*	✓	*No*		
Deliver Outstanding Care	*Yes*	✓	*No*		
Great Place to Work	*Yes*	✓	*No*		
Reducing inequalities	*Yes*	✓	*No*		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
The IPQR is shared on a regular basis with South Yorkshire ICB and reviewed in the Contracts Management Meeting between the ICB and SHPU for assurance.	
Board assurance framework (BAF) and corporate risk(s):	BAF.0022 - There is a risk we fail to deliver the break-even position in the medium term. BAF.0023 - There is a risk that the organisation will not fully optimise the benefits of the successfully implemented electronic patient record system. BAF.0026 - There is a risk that we fail to effectively implement the level of improvement and change that is required in order to deliver our strategy and annual operational plan. BAF.0030 - There is a risk that the organisation will fail to meet its environmental and sustainability obligations caused by ineffective operational delivery of the green plan. BAF.0032 - There is a risk that the Trust estate will limit safety and the achievement of our strategic priorities.