Improving lives

NHS
Sheffield Health Partnership University
NHS Foundation Trust

# Board of Directors
# Item number: 15
# Date: 25 November 2026

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| **Confidential/public paper:** | Public |
| **Report Title:** | Productivity improvement plan update: releasing time, strengthening care |
| **Author(s)** | Pritti Mehta, director of integration and delivery<br>Jason Rowland, deputy director of strategy and planning<br>Chris Cotton, deputy director of finance<br>Jenny Morton, quality improvement programme lead |
| **Accountable Director:** | Pritti Mehta, director of integration and delivery<br>James Drury, director of strategy |
| **Presented by:** | Pritti Mehta, director of integration and delivery<br>James Drury, director of strategy |
| **Vision and values:** | **Our vision is to improve the mental, physical and social wellbeing of the people in our communities. We are respectful and kind** by promoting health and wellbeing through accessible vaccination. **We are inclusive** through targeting underrepresented groups and ensuring equitable access **We work together** through cross-team collaboration across sites and services and **we keep improving** using a data-driven approach to increase uptake and reduce inequalities. |
| **Purpose:** | To provide the Board with an update on Sheffield Health Partnership University's (**SHPU) productivity plan**, outlining key areas of progress. |
| **Executive summary:** | **The paper covers the following key questions:**<br><br>**Why do we need to improve productivity?**<br>• **In its simplest terms productivity is a measure of output relative to input**. In the NHS, productivity measures cost-weighted activity (output) relative to costs (input).<br>• Essentially, **improving productivity** is about using time, staff, and resources wisely - so more people can access effective services and support. **Done well, it enables more meaningful therapeutic interactions, shorter waiting lists, and better outcomes without compromising quality**.<br><br>**What was SHPU's productivity gap?**<br>• Previously published NHS productivity growth estimates show that while SHPU's productivity improved in 2025/26, from **-28.5% in April 2025** to **-12.9% March 2026** year to date (YTD), there was still a significant gap top close. (Estimates are compared to the same period in the previous year).<br><br>**How can we improve our productivity?**<br>• Improvements will be delivered through the **SHPU way (slide 3).**<br>• A key driver behind SHPU's productivity gap is **lower activity recording** under the new electronic patient record system (RIO). Therefore, the first critical step is to **address this shortfall**.<br>• Wider actions span **five pillars: clinical & operational**, **workforce**, **digital, corporate and left shift, aligned to the national productivity plan (slide 4).**<br>• **Expected benefits: clinical & operational** and **workforce** in |

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| | **2026/27**, **corporate and digital** in 2027/28, and **'left shift'** in **2028/29 (slide 6)**.<br>• Our **revised** ambition is to **close the gap by end 2026/27** (Q1 +27.9%; Q2 +22.9%; Q3 +18.8%; Q4 +12.9%) and then achieve **positive productivity growth of 5% by end of 2027/28 and 5% by end 2028/29**.<br><br>**Key progress?**<br>• **Activity recording shows improvement across the Trust's services.** By the end of October, the 16 prioritised services reported a **net increase of 27%** in the volume of activity recorded.<br>• **Clinical/operational quality improvement (QI) collaborative**: 10 participating services are working together with their QI coaches to identify ways to maximise the time for patient care and support. Their initial priority is data accuracy and quality, and this work has delivered a 35% reduction in appointments without a recorded outcome for the period July-October 2026.<br>• **Corporate projects** moving forward, with benefits realisation for transport expected by end of 2026/27.<br><br>**What is the impact so far?**<br>• Published NHS productivity estimates for **April to June 26 (YTD) show SHPU productivity growth is +31.1%.** Cost weighted activity grew by 26.5%, while resource use dropped by -3.6%. **Again, these estimates are compared to the same period in the previous year when our productivity dropped by -27.9%.** Across the mental health sector, the average productivity growth rate during this period was 3.1%.<br>• This suggests we are closing the gap and that the actions driven through the productivity programme, including focus on improving activity recording, will enable us to hold this position in 2026/27. |

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

| **What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.** | |
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| Improving productivity, done well, enables more meaningful therapeutic interactions, shorter waiting lists, and better outcomes without compromising quality. | |
| **Board assurance framework (BAF) and corporate risk(s):** | **BAF0014** There is a risk that our workforce may not have the skills, digital literacy, and professional capability required to meet standards of care and strategic priorities.<br>**BAF0034** There is a risk that informed and effective decision-making will be impacted, caused by inconsistent data quality and limited analytical capability, resulting in reduced productivity, inefficient use of resources, and an inability to evidence performance improvement. |
| **Any background papers/items previously considered:** | Productivity plan has been presented at the July and September 2026 EMT and Board. This paper is intended to provide an update on progress. |
| **Recommendation:** | The Board is asked to:<br>• **note** and **discuss** the report. |

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# Productivity Improvement Plan Update

## Releasing Time, Strengthening Care

November 2026

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