

Getting It Right First Time



GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust and NHS Improvement

What is GIRFT?

*Tackling unwarranted variation to
improve quality of patient care while
also identifying significant savings.*

GIRFT Methodology

- **Clinical leadership** of change - led by frontline clinicians
- Development of a **benchmarking data pack**
- Deep dive **peer to peer discussions**
- **Share good practise**
- **Identify changes** that will improve care and deliver efficiencies
- **Design plans** to implement those changes.

GIRFT Implementation

- Designing & implementing changes derived from GIRFT recommendations lies with **trusts**
- Each trust has a board-level **GIRFT clinical champion** (normally medical director),.
- **GIRFT Implementation team** support each trust
- **Clinical leads** advise trusts on how to reduce any unwarranted variations
- **Clinical leads** drive improvement nationally by writing a GIRFT national report on their specialty, through working closely with NHSE clinical directors, and by feeding into wider national improvement initiatives.

GIRFT local support



GIRFT regional hubs support trusts in delivering the clinical leads' recommendations by:

- Helping them to assess and overcome the local and national barriers to delivery.
- Working closely with NHSI regions to ensure prioritisation of GIRFT delivery takes account of the wider context within each trust and is joined up with local and regional improvement initiatives.
- Joining up with NHSE/RightCare to ensure integrated support for STP level improvements.
- Producing **good practice manuals** of case studies and best practice guidance that trusts can use to implement change locally.
- Supporting mentoring networks across trusts.

Each hub will have two **clinical ambassadors**: regionally recognised leaders of improvement programmes

GIRFT Workstreams

- Pilot project in Orthopaedics in 2012
- Now 39 workstreams
- Surgical Workstreams – 16
 - Paediatric Surgery – Simon Kenny
 - Paediatric Orthopaedic Surgery (Trauma and Elective) – James Hunter
- Medical Workstreams- 18
 - Paediatric Critical Care – Kevin Morris
 - Neonatal Critical Care – Eleri Adams

Orthopaedic Pilot

- Recommendation to reconfiguration in trauma and elective orthopaedics services across dedicated **hot and cold sites** (HCS).
- Piloted in 6 sites
- Significant clinical improvements demonstrated
 - Increase elective patients treated
 - Reductions in cancellations
 - Reduced waiting times for upper limb trauma surgery
 - Shorter hospital stay for hip and knee replacements
 - Improvements in achieving A&E targets

Impact on resource savings

Orthopaedic pilot

c.£50m

savings over two years and improved quality of care

50,000

beds freed up annually by reduced length of stay for hip & knee operations

£4.4m

estimated savings p.a, from increased use of cemented hip replacements for over 65s

36%

reduction in litigation costs from 2013-16: a £77m saving

75%

of trusts have renegotiated the costs of implant stock and reduced use of expensive 'loan kit'

Case study:

One NW trust made c. £700k resource savings over three years through: cost-effective procurement of specialist instruments (£133k), reduced length of stay (£364k), use of best practice tariff (£110k) and improved theatre utilisation (£74k)

National report recommendations

- **General surgery (August 2017):** More consultant-led assessments in emergency department to cut admissions by 30%
- **Vascular surgery (March 2018):** Treating every vascular surgery case as 'urgent' to substantially reduce the risks of blocked arteries
- **Cardiothoracic surgery (March 2018):** More efficient bed management by ensuring surgery on day of admission is routinely delivered
- **Cranial neurosurgery (March 2018):** Admitting more elective patients on the day of surgery, rather than in advance, to reduce length of stay
- **Urology (July 2018):** National rollout of dedicated urological investigation units (UIU) to increase day surgery procedures
- **Oral and maxillofacial surgery (November 2018):** Dedicated theatre time for OMFS emergencies to help prevent out of hours operations



Oral and Maxillofacial Surgery
GIRFT Programme National Specialty Report

by Maire Morton MDSC
GIRFT Specialist for Oral and Maxillofacial Surgery

November 2018



GIRFT Neonatal Critical Care

- Commenced March 2019
- Datapack Development April – Dec 2019
- Pilot Jan 19-Feb 2020
- Visits March 2020 onwards
 - 14 networks
 - ~165 neonatal units
- National report start June 2020
- National report published March 2021

GIRFT Neonatology – Data Pack

- Team data analysts
- Access to any data source containing NHS data
- Build on existing datasets to ensure data consistency, and avoid repetition
- Some data will be collected through questionnaires
- Plan to develop separate datapacks for ODNs and trusts
- Link to National Neonatal Critical Care Review

Link to National Neonatal Review

- Births <27w in maternity hospitals with a designated NICU
- Match to service specification requirements including care pathways, volumes of activity, transition to paediatric services
- Mortality (regional population, using rolling averages where possible)
- Completeness of PNMRT/Child death data for population
- Quality reports for investigations (Each Baby Counts)
- ATAIN programme outputs

GIRFT Neonatology- Data Pack

- Pathways, volume, capacity, flow, transport
- Clinical outcomes
 - Preterm/ Term
 - Surgical/ Cardiac
 - Disease Specific
- Governance
- Staffing & Staff Experience
- Family experience
- Litigation
- Costs
- Research

Next Steps

- Consultation regarding potential areas for inclusion in datapacks
- Feedback via ODNs
- Consultation with relevant organisations
- Cross-cutting themes
 - Paediatric surgery
 - Paediatric critical care
 - Obs & Gynae

What Can GIRFT do for you?

- Give you a better understanding of your data
- Highlight neonatal outcomes at trust and network level
- Allow you to use GIRFT process to implement change
- Share best practise nationally
- Improve Care

Use this opportunity – make sure you have really good clinical and managerial representation at your deep dive meeting