GETTING IT RIGHT FIRST TIME

Getting the most out of GIRFT:

A practical guide to setting up a GIRFT governance structure within trusts and systems to monitor improvement

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NHS IMPACT
Improving Patient Care Together

November 2024

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About this Practical Guide

This guide sets out approaches to embedding GIRFT as part of business as usual. This practical toolkit should be used to support setting up a governance structure within trusts and systems which aims to minimise unwarranted variation and improve services.

Benefits of using this tool:

- Helps identify whether your trust is gaining the most from GIRFT.
- Identifies the key elements used successfully in trusts to embed GIRFT into 'business as usual'.
- Offers case studies to illustrate the benefits of the approach at specialty level.

For trusts:

- Explains the drivers for establishing a consistent governance approach across a trust
- Clarifies roles and responsibilities
- Allows progress on implementation to be tracked and outcomes to be measured

For systems:

- Sets out how systems can implement system-wide governance structures to tackle unwarranted variation.

Audience

This guide is intended for regions, systems and trusts and may be of interest to:

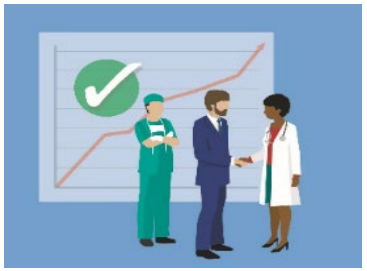
- executive leadership with responsibility for quality of care and operational delivery across the trust
- lead clinicians (such as Medical Directors or GIRFT Champions) with oversight for the implementation of GIRFT recommendations
- specialty clinical leads and multidisciplinary teams with responsibility for the implementation of local GIRFT recommendations
- operational managers, transformation leads and service improvement teams with a role in delivery services
- teams involved in cross-cutting areas e.g. litigation and clinical governance, procurement and clinical coding

Introducing GIRFT

- GIRFT collaborates and works in **genuine partnership** with NHS trusts, specialist clinical professional bodies and partner NHS organisations. As a result, we have assembled data packs and novel metrics never before seen in one place by clinicians.

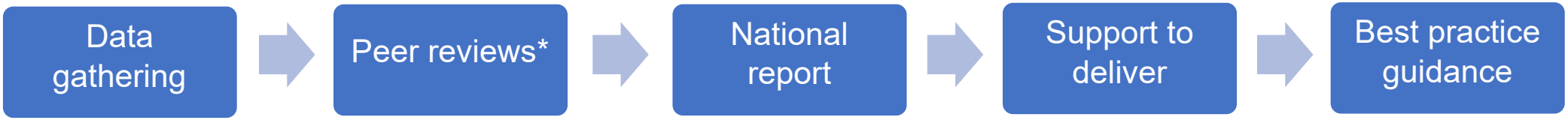
- GIRFT's methodology in **collating, scrutinising and sharing data** has highlighted both underperformance and excellence. This evidence has provided the focus for hospital teams, departments and clinical networks to tackle unwarranted variation, where it exists, through benchmarking and adopting best practice.

- The NHS benefits through **improved productivity, efficiency and capacity**, which in turn benefits patients, who can **receive treatments quicker**, have more **equity of access** to high quality care, & have **better outcomes.**



GIRFT Methodology

By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes to help improve care and patient outcomes, as well as delivering efficiencies.



A broad **data gathering and analysis** exercise, generating a detailed picture of current national practice and outcomes

Direct **clinical engagement** via visits or virtual meetings with clinical and management teams; an opportunity to examine trust data in the context of the national picture, enabling teams to understand where they are performing well and what they can do better

The **national report** draws on data analysis and discussions with trust teams to identify opportunities for improvement, locally, regionally and nationally

Implementation phase where the GIRFT team supports trusts, commissioners, and Integrated Care Systems to deliver the improvements recommended

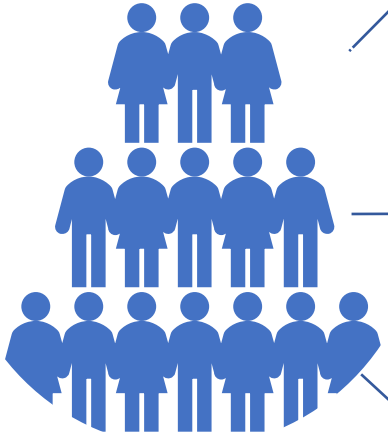
Best practice guidance and other clinical resources for standardised/ integrated patient pathways and elective recovery work

*formerly known as 'deep dives'

GIRFT Teams

GIRFT is made up of three core teams to tackle variation in the way services are delivered across the NHS by:

- Identifying changes that will help improve care and patient outcomes.
- Delivering efficiencies and cost savings.
- Reducing unnecessary procedures.
- Sharing best practice across the NHS.



Clinical Review Unit

- Peer Reviews –
  - Trust-level, hub and spoke or network

Implementation & Delivery

- Further Faster
- Theatres and Perioperative Programme
- Urgent & Emergency Care
- Specialist Networks
- Focused Support

GIRFT Academy

- Content Development
- Coding
- Research
- Litigation
- National Consultant Information Programme (NCIP)
- Model Health System (MHS)

Benefits of Embedding GIRFT within your Trust

The GIRFT programme is a supportive, clinically led, peer-to-peer review programme (formerly known as deep dives) that engages and empowers teams to deliver continuous quality improvement for the benefit of patient outcomes and experiences. GIRFT data packs and peer reviews are a useful tool that can be used to ensure delivery of services that are clinically robust, effective, efficient and of high quality.

Committing to the GIRFT process and applying the approach described in this toolkit has delivered many benefits to direct service output, patient experience and outcomes, including:

engagement and collaborative working with external partners to improve patient care across their whole pathway, not limited to secondary care	compliance with the Workforce, Training & Education (WT&E) Directorate which includes the legacy Health Education England (HEE) functions that by using GIRFT, WT&E will improve its evaluation of the quality of training placements	demonstrating a strong response to GIRFT to contribute positively to the clinical services theme within the Use of Resources Assessment Framework 4 rating within a Care Quality Commission (CQC) inspection
ownership and engagement through a responsive clinical MDT multi-professional team	acknowledgement of local service achievements, including best practice exemplar service delivery	identification of any potential challenges and opportunities in regional service reconfiguration

Key principles to be applied

Removing variation in the delivery of clinical services is a key driver in delivering equity of access to the same high standards of care across England. The GIRFT programme provides an opportunity for every trust to address its own variation across more than 40 specialties. Applying the following principles can maximise the benefits of the GIRFT programme to your organisation:

Embedded into normal working

Everyone should understand that quality improvement, including GIRFT, is not limited to specific times or events but should be continuous and 'business as usual'. Embedding GIRFT is a cultural change and requires proactive engagement with teams.

Key performance and quality metrics should be monitored routinely, not just at the time of a peer review visit. Improvement/ transformation teams should use the GIRFT methodology/ data/resources to understand opportunities for improvement working with service teams.

Supported by senior trust leadership

Direct involvement of the Chief Executive and other senior leaders is very important to ensure GIRFT is embedded in trust-level processes and significantly increases the impact of GIRFT work in a trust.

Managed by a central trust-level team

Delivery of quality improvement actions is most effective when there is a core, trust-level 'central support team' consisting of the Medical Director's office, Project Management office and GIRFT support representatives.

This team should have dedicated time to lead the trust's engagement with GIRFT and facilitate specialty-level teams in their quality improvement work. Specialty teams maximise their benefit from GIRFT peer review visits when attendance, preparatory meetings and follow-up meetings are organised well in advance.

Clinically-led, data driven and focused on quality

Specialty-level teams, including clinical and allied health professionals, must take ownership of metrics and actions identified and assigned through GIRFT.

The absolute focus must be clinical peer-to-peer review and clinically led specialty development for the benefit of patients' safety, outcomes and experience. Financial benefits should be monitored by the specialty managers and project management team, but they are an adjunct of quality improvement, and not the stimulus for change.

Getting the most out of GIRFT

There are four stages to ensure you get the most out of GIRFT:

1

Start with creating a trust-level GIRFT team

Establishing a central team to co-ordinate and track GIRFT recommendations and metrics is critical to embedding GIRFT as part of continuous improvement within a trust. The team should report to the Chief Executive or executive sponsor.

The roles and responsibilities of this team are centred around providing a consistent trust-wide approach to engagement, programme visibility, service level response, and a structured onward internal reporting process and function, to ensure the breadth of data is used effectively.

2

Preparing for and responding to peer reviews

Peer reviews (formerly known as deep dives) can vary depending on the workstream. The reviews could be trust-level, on a hub and spoke level, or on a network (e.g. Imaging Networks, Paediatric Rheumatology) level. Reviews are mainly virtual, but a few may be face to face.

3

Responding to system-level meetings

Building on the GIRFT methodology used for the HVLC programme, system-level GIRFT specialty meetings are becoming more common and are likely to increase as part of the GIRFT programme.

4

Reporting upwards

Ongoing reporting from department/division through to quality/clinical governance committees and up to the board is an essential part of the GIRFT process and serves several functions.

The Standard Operating Procedure (SOP) describes what is required in more detail.

Associated/Supporting Programmes

Find out about associated/supporting programmes by clicking on the links below:

- Model Health System (MHS)
- National Consultant Information Programme (NCIP)
- Focused Support Programme
- Urgent and Emergency Care
- Theatres Productivity Programme
  - Right Procedure, Right Place
- Elective Surgical Hubs and HVLC Programme
- Pre-Operative Assessment
- Virtual Wards
- Coding
- Litigation
- Further Faster

Associated/Supporting Programmes – Model Health System

Model Health System
model.nhs.uk

Using the Model Health System platform

Model Health System (MHS) is a free data-driven improvement tool for the NHS, which presents benchmarking data from a wide range of sources to support improvements in care.

GIRFT is using the MHS platform to share metrics and data for the programme. GIRFT currently has content for 27 specialties, plus metrics covering theatres and day cases, with a plan to extend by a further 8 specialties. Data is available at provider and system level and is being extended to site level and regional level in some areas. We are also using ODNs (Organisational Delivery Networks) as an additional view for paediatric areas and are looking to add this functionality to other areas such as breast cancer.

The Model Health System provides a valuable resource to trusts or systems before and after their GIRFT peer reviews, in the following ways:

- providing up-to-date data, which can be accessed quickly by the trust, to provide an assessment of performance against GIRFT metrics;
- acting as refresh data for many of the metrics used in GIRFT peer review data packs or national reports;
- supplementing local data sets;
- comparison against other organisations for latest period, and historic information to review trends and monitor progress;
- the ability to select default peer groups, or to set bespoke peer groups for comparisons
- clinically-set benchmarks for key GIRFT metrics;
- metadata available to provide coding information used to create the metrics;
- includes non-GIRFT metrics for providers and systems which can also support improvement, for example: waiting lists; outpatient PIFU and advice/guidance; population health; staffing; cost information.

Click here to register for the Model Health System.

Associated/Supporting Programmes – National Consultant Information Programme (NCIP)

The National Consultant Information Programme (NCIP) provides consultant-level activity and outcomes data via a free, secure online portal (registration required) supporting surgical quality improvement and consultant learning and development.

The GIRFT-led programme provides a single point of access to locally- and nationally-benchmarked NHS surgical data for consultants, Medical Directors, Responsible Officers and specialty Clinical Leads. NCIP is also working with external data providers to incorporate private practice data, making it a single repository covering the whole practice of a consultant, across the NHS and private sector.

Further information is available here.

The NCIP portal is integrated into the Model Health System, which brings the benefits of improved functionality, easy access, and rich outcome datasets. NCIP has been developed for surgeons to confidentially access their unit and individual outcomes data via dashboards that allow them to scrutinise and compare their performance at a procedure-based level with their peers.

In addition, NCIP has introduced features including:

- dashboards for Trust Speciality Clinical Leads to view the specialty data for their unit all in one place;
- greater functionality to export data from NCIP, which can be used to streamline clinical audit and support governance meetings as well as providing information for mortality and morbidity meetings.

NCIP is currently live across Urology, Paediatric Urology, Vascular Surgery, Orthopaedics, Paediatric Orthopaedics, Spinal Surgery, General Surgery (Upper & Lower GI), and Paediatric General Surgery. Surgeons in these specialties can now review their practice using one standardised set of clinically-led outcome metrics for the first time.

Further surgical specialties will receive nation-wide roll-outs over the next twelve months, growing the number of clinicians with NCIP access to over 15,000.

NCIP Portal
Online Portal for Consultant Learning

Contact the Team here

Appendices

The following slides detail implementation of the GIRFT methodology at Trusts:

- Slide 14 – an example of a Trust governance process
- Slides 15 and 16 – Chelsea and Westminster Hospital NHSFT case study on embedding GIRFT
- Slide 17 – Cheshire & Merseyside Health and Care Partnership Gynaecology Improvement Approach
- Slide 18 – Manchester University NHS Foundation Trust governance process

Monitoring and Reporting – an example of a Trust governance process

Action plan updates for each division are presented to the following boards / committees			
Board/committee	Update required	Frequency	Lead
• Divisional Management Team (DMT) with escalation to Divisional Patient Safety and Quality Board (PSQB)	• Progress against each specialty action plan including detail on the associated clinical KPIs and clinical benefits.	Monthly	Clinical Lead – Clinical Director & General Manager
• Weekly Executive Board	• Summary of progress against the specialty action plans from the division and a forward view of any planned GIRFT peer review visits / revisits.	Quarterly	Divisional Director & colleagues from MDT professions
• Quality Committee	• Summary of progress against the specialty action plans from the division, including detail on the associated clinical KPIs and clinical benefits.	Six monthly	Clinical Director – Divisional Director & GIRFT Programme Clinical Lead
• Board	• Overall GIRFT programme summary of progress and forward view of future GIRFT visits.	Annually	GIRFT Clinical Lead and trust team

Embedding GIRFT at Chelsea and Westminster Hospital NHSFT

Case Study - Embedding GIRFT at Chelsea Westminster Hospital

Background

Approach :

Stakeholder engagement:
The success of the GIRFT program relied heavily on effective stakeholder engagement. The trust recognized the importance of involving key stakeholders, including clinical staff and administrative personnel in the planning and implementation stages. The following steps were taken to engage stakeholders:

- ***Identification :*** The Trust GIRFT Lead conducted a stakeholder analysis to identify individuals and groups who would be affected by the GIRFT program. This included clinical departments and support services.
- ***Communication:*** A comprehensive communication plan was developed to ensure that stakeholders were informed about the purpose and objectives of the GIRFT program. Regular meetings, newsletters, and online platforms were used to disseminate information and gather feedback.
- ***Consultation:*** Stakeholders were actively involved in the decision-making process through consultation exercises. Their insights and perspectives were sought to understand the existing challenges and potential improvement opportunities.
- ***Collaboration:*** Collaborative working groups were established to facilitate the implementation of specific GIRFT recommendations. These groups consisted of representatives from different stakeholder groups, who worked together to develop and execute action plans.

Implementation plan:
To improve performance and patient experience, we developed a comprehensive implementation plan based on the GIRFT recommendations. The plan focused on the following areas:

- ***Clinical Pathways Redesign:*** The trust conducted a detailed analysis of clinical pathways to identify areas of improvement. Based on GIRFT recommendations, the trust redesigned pathways to streamline patient journeys, reduce variation in care, and enhance outcomes.
- ***Performance Monitoring and Reporting:*** Robust systems for monitoring and reporting key performance indicators were implemented. This allowed the trust to identify areas of underperformance and take timely corrective actions.
- ***Patient Engagement***: Patient feedback and involvement were prioritized throughout the implementation process. The trust established patient engagement forums and utilized technology to collect real-time feedback, enabling them to address concerns and improve patient experience.
- ***Collaborative Partnerships:*** The trust actively collaborated with other healthcare organizations, research institutions, and industry partners to share best practices, benchmark performance, and drive innovation. This allowed for learning from peers and accelerating the implementation of improvements.

Governance and reporting:

Robust reporting and governance structures are in place to ensure that the GIRFT program is effectively integrated into the services. This includes monitoring the impact on patient experience, demand, and capacity, with the aim of reducing elective and outpatient waiting lists through the use of GIRFT. Monthly reports are submitted to:

- Service Management meetings
- Divisional Governance meetings
- Clinical Effectiveness Group

Results and Impact:

The implementation of the GIRFT Stakeholder Engagement and Implementation Plan at Chelsea Westminster Hospital led to improvements in performance and patient experience. Key outcomes and impact include:

- Reduced Waiting Times: Streamlined clinical pathways and improved resource allocation resulted in reduced waiting times for patients, ensuring timely access to care.
- Enhanced Clinical Outcomes: Standardization of care and adoption of evidence -based practices led to improved clinical outcomes, such as reduced infection rates and better patient recovery rates.
- Improved Patient Satisfaction: Through active patient engagement and addressing feedback, patient satisfaction scores significantly improved, indicating a positive experience in accessing and receiving care.
- Cost Savings: The implementation of GIRFT recommendations resulted in cost savings for the trust through efficient resource utilization and reducing unwarranted variation in care.

Lessons learned:

The implementation of Stakeholder Engagement and Implementation Plan highlighted several important lessons:

- Effective stakeholder engagement is crucial for successful implementation and sustained improvement. Collaboration across departments and with external partners can drive innovation and accelerate improvement efforts.
- Monitoring and reporting of performance indicators enable timely identification of areas requiring intervention. Patient involvement and feedback play a vital role in shaping service delivery and ensuring patient-centered care.
- Continuous learning and improvement are essential for sustaining positive change and achieving long-term goals.

By adopting a well-executed stakeholder engagement strategy and implementing the GIRFT program, Chelsea Westminster Hospital successfully improved performance and patient experience, ultimately enhancing the overall quality of healthcare services provided to the community.

Developed: Maria Camara

Email: maria.camara@nhs.net

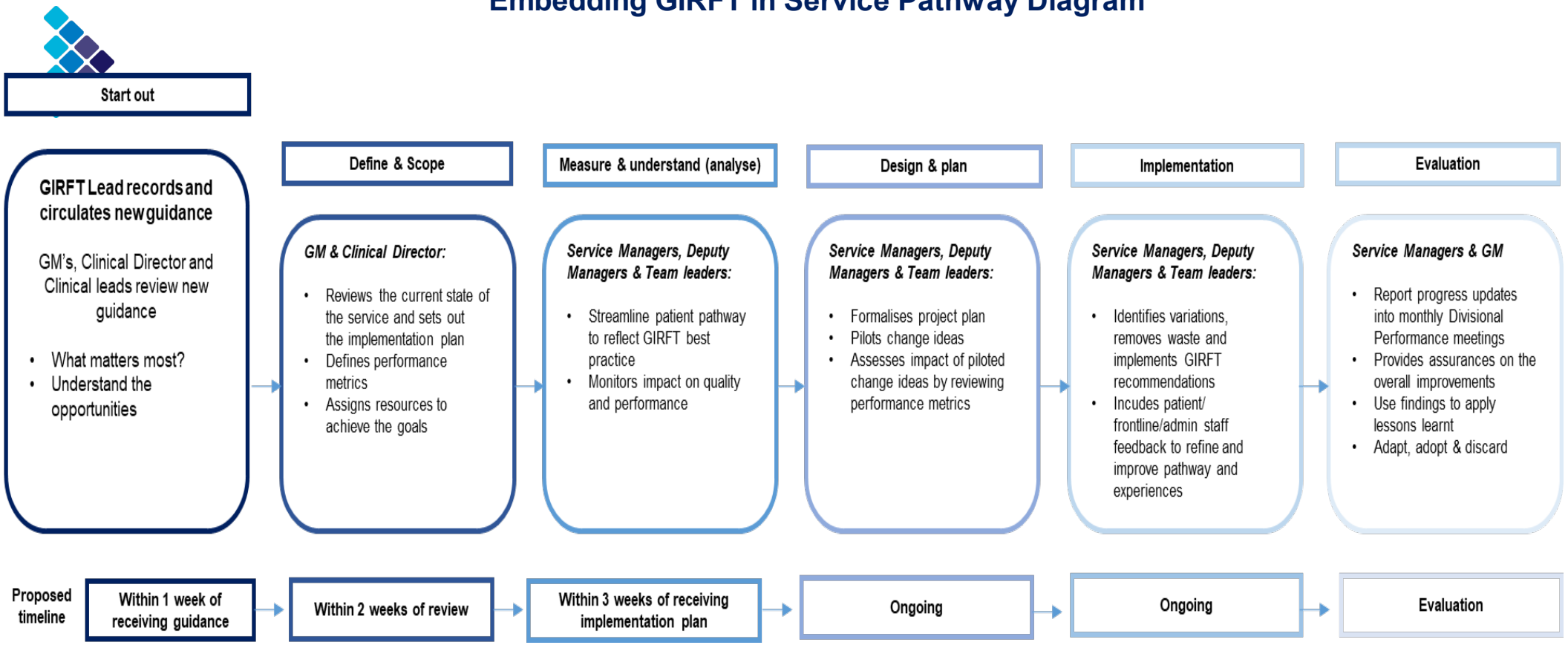
PROUD TO CARE

Chelsea and Westminster Hospital NHS Foundation Trust

GETTING IT RIGHT FIRST TIME

Embedding GIRFT at Chelsea and Westminster Hospital NHSFT

Embedding GIRFT in Service Pathway Diagram



Developed: Maria Camara

Email: maria.camara@nhs.net

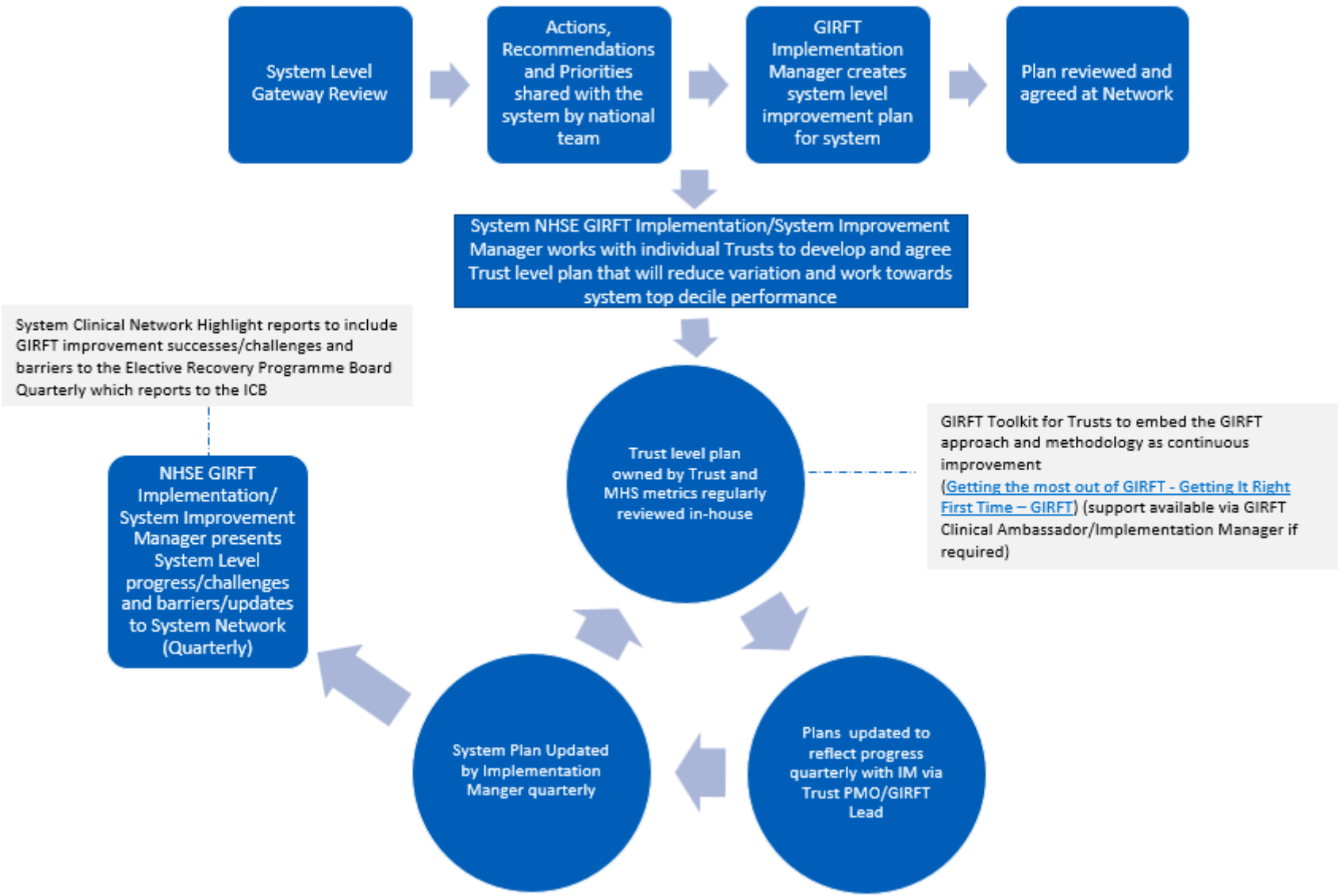
PROUD TO CARE

Chelsea and Westminster Hospital NHS Foundation Trust

GETTING IT RIGHT FIRST TIME

Cheshire & Merseyside System-level Improvement Approach

Contact: england.nwhub@nhs.net



GIRFT Governance at Manchester University NHS Foundation Trust (MFT)

GIRFT

NHS
Manchester University
NHS Foundation Trust

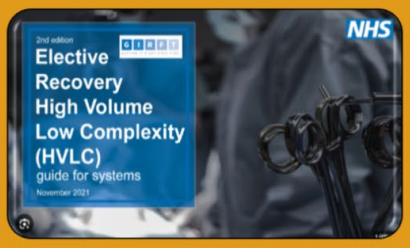
GIRFT Governance

1 GIRFT@MFT

MFT has had an embedded GIRFT programme for many years. Organisationally, GIRFT is recognised as part of the improvement programme and strategy.

The GIRFT agenda is clinician led but delivered across the hospitals through the triumvirate model and supported by Transformation.

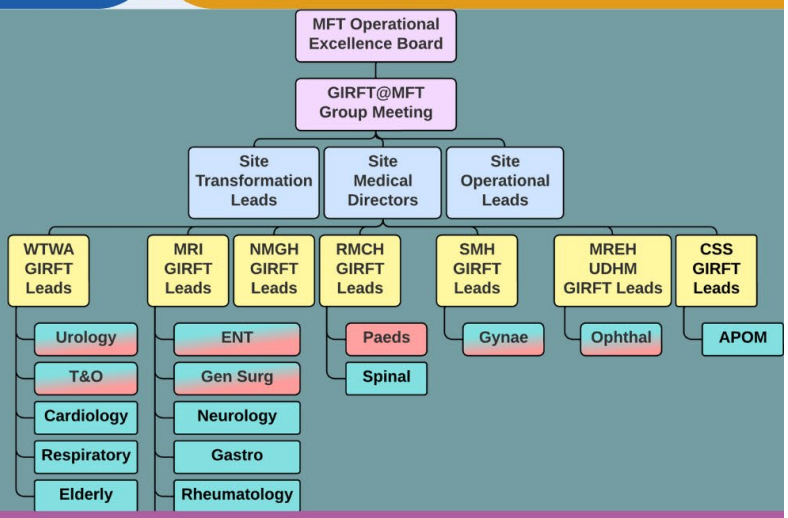
2 The GIRFT agenda



We have regular cross-site events to reinvigorate the GIRFT agenda and to ensure colleagues are sighted on GIRFT workstreams.

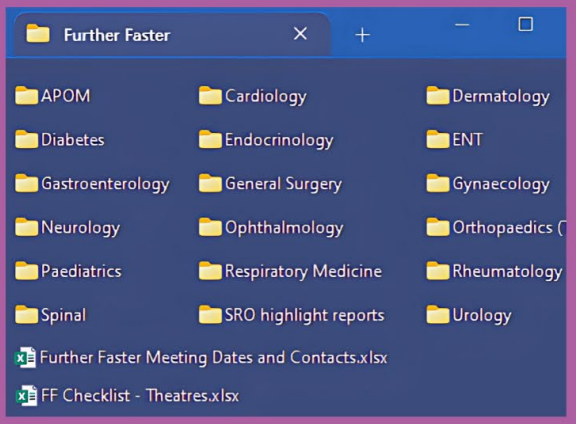
3 The basics

- MS Teams channel - everything can be found here and all staff can access
- GIRFT Inbox – both group for external comms and local for dissemination
- SOPs for clarity of roles, accountability and reporting
- Integration into current improvement - this is supporting improvement, not separate to it



4 Further Faster

- SharePoint for all documentation, at specialty level
- Invites from MFT GIRFT Inbox, disseminated by local coordinators at site level
- Gap analysis of Further Faster recommendations completed utilising Outpatient Board structure
- Standard agenda item as part of Outpatient Board, with key learning, shared across sites
- Moving towards embedded process for *all* improvement boards, with regular reporting on Further Faster outputs
- Mix of local initiatives and Trust wide - ensuring we scale and spread good practice
- Use of case studies from GIRFT to support teams in implementation



Checklist for embedding GIRFT

NHS England

Check	Good Practice
☐	Have executive level sponsorship to ensure understanding and clear visibility of GIRFT metrics and recommendations up to the board
☐	Have clinical leadership and oversight in place e.g. Medical Director of an appointed Trust GIRFT Champion/trust-wide GIRFT Clinical Lead
☐	Assign a trust-level GIRFT team to co-ordinate the work and celebrate successes: • Medical Director (GIRFT Champion/GIRFT Clinical Lead) • Programme Manager • Programme support • Nursing Lead
☐	Set up a GIRFT email address and central repository to keep key communications and documents in the same place
☐	Decide appropriate governance for tracking and reporting progress (either existing forums or establish a specific GIRFT Board
☐	Focus on building strong engagement with specialty teams to ensure buy-in from key stakeholders, setting out the trust principles for embedding GIRFT
☐	Ensure appropriate representation at all key meetings
☐	Organise swift internal follow up following GIRFT meetings to ensure momentum is maintained
☐	Complete documents to the required level of detail and on time to ensure optimal engagement with the GIRFT team
☐	Develop a communications plan to share insights, learnings and cross-cutting themes across relevant stakeholders
☐	Implement the response process related to deep-dive visits
☐	Track impact through Model Health System clinical metrics
☐	Undertake an annual review of cross cutting themes

Glossary of Terms

Deep Dive (now known as peer review) – Could be trust-level, on a hub and spoke level, or on a network (e.g. Imaging Networks, Paediatric Rheumatology) level

Gateway Reviews – GIRFT visits on network/system level (may be virtual or face to face)

GIRFT – Getting It Right First Time

ICB – Integrated Care Board

ICS – Integrated Care System

MDT – Multi Disciplinary Team

Peer Review – Could be trust-level, on a hub and spoke level, or on a network (e.g. Imaging Networks, Paediatric Rheumatology) level

WT&E – Workforce, Training and Education Directorate

GIRFT Toolkit

Practical Guide v1.0 [November 2024]

Part of the Getting It Right First Time (GIRFT) Practical Guide series

For more information about GIRFT, visit our website:
www.gettingitrightfirsttime.co.uk or email us on info@gettingitrightfirsttime.co.uk