Practical Guide to GIRFT Governance - Standard Operating Procedure (SOP) for Trusts

1. Introduction

The Practical Guide to GIRFT Governance supports trusts to successfully embed GIRFT into 'business as usual' and offers case studies to illustrate the benefits of this approach at a specialty level. In addition, the guide explains the drivers for establishing a consistent governance approach, clarifies roles and responsibilities and allows progress on implementation to be tracked and outcomes to be measured. As GIRFT moves into more system working, the guide also sets out how systems can implement system-wide governance structures.

This Standard Operating Procedure (SOP) should be read in conjunction with the Practical Guide to GIRFT Governance and used to support setting up a governance structure within trusts and systems which aims to minimise unwarranted variation and improve services.

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2. Create a Trust-level GIRFT Team

The GIRFT trust team is responsible for overseeing all GIRFT matters concerning the trust including setting up of peer review meetings, capturing recommendations and actions towards these and monitoring improvements.

The team should firstly create and monitor an organisational GIRFT email to allow co-ordinated external and internal communication.

Collectively the team should ensure a central repository of GIRFT peer review trust reports, observation notes, action plans and progress against improvement responses, and provide support throughout the GIRFT process. Support would include co-ordination of key stakeholders across the trust, support in the completion of key documents and monitoring of progress. This is shown below:

What the team needs:	What the team delivers:
• Senior level leadership and backing • Multi-professional membership • Excellent working relationships • A monitored organisational GIRFT email address (e.g. GIRFT@trustname.nhs.uk) to co-ordinate external and internal communication • Central repository of GIRFT peer review data packs / trust reports, observation notes, action plans and progress against improvement responses • Dedicated administrative support to access reports/recommendations/resources on FutureNHS and ensure dissemination across the organisation	• Continuity and consistency • Engagement and visibility of GIRFT work in the trust • Structured onward internal reporting process and function • Effective use of data by the trust • Leadership in embedding GIRFT • Service level responses • Effective trust-wide response to GIRFT

2.1 Ensuring Specialty Engagement

Successfully embedding a trust-level process for GIRFT is dependent on instilling the understanding and culture that GIRFT is not a temporary initiative but a critical facet of the trust's service improvement strategy. It is also important to stress that this is not additional work to the routine key performance indicators within a service management function, but the metrics benchmarked in GIRFT data packs should be part of 'business as usual'.

Effective engagement can be enhanced by the direct involvement of the Chief Executive or senior executive sponsor attending engagement events, planning meetings, and action plan reviews.

To ensure understanding of the trust processes, benefits of the GIRFT programme and visibility of the trust central support team – in addition to embedding the cultural changes and GIRFT becoming part of the routine language used within the trust – the central support team can highlight GIRFT at internal organisation events for engagement, such as:

- Medical leaders and senior medical staff forum
- Matrons and senior nursing forums
- Divisional or directorate meetings
- Specialty clinical governance meetings, finance and performance boards, patient safety and quality committees
- Executive and non-executive directors' forums

3. Preparing for and Responding to Peer Reviews

Having arranged the peer reviews, responsibility lies with the central support team to guide the service level team through the response steps below. These would take place in the lead up to, during and in the short term after a GIRFT peer review. This can be time intensive, but effective organisation delivers benefits including:

- effective and productive peer reviews, both for the service-level team and for the GIRFT team.
- service-level teams engaged with executing their action plans.
- matters requiring escalation (safety, performance or risks) are identified at the earliest opportunity.
- GIRFT metrics (available to view through the Model Health System portal) are also reviewed to support existing improvement focuses or to provide refreshed evidence for onward review.

3.1 Peer Review Process (pre-review)

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

- “GIRFT Central” contacts all trusts related to new specialty outlining the process and provisional dates for a peer review. A questionnaire submission may be required with a deadline date and will be referred to at this time.
- Trust contacts GIRFT Central with preferred date for meeting.
- MS Teams invite sent to trust’s GIRFT lead(s) for forwarding to ALL relevant colleagues.
- Pre-meet arranged with the trust(s) clinical lead for the specialty if requested by GIRFT Clinical Lead(s).

- Trust to ensure questionnaires returned no later than 2 weeks before review (or by deadline date indicated). Delay may affect date of review.
- Trust GIRFT Lead(s) download and circulate datapacks to invitees for review.

3.2 Peer Review Process (on the day and post-review)

On the day:

- Trust GIRFT Lead(s) remind relevant colleagues about the review; it is recommended to dial in 10 minutes prior to review start.

Post-review:

- Review recording uploaded to FutureNHS. Trust GIRFT Lead downloads and makes accessible for colleagues.
- Observation notes usually sent to trust(s) within two weeks of review. Trust to circulate to relevant colleagues and confirm accuracy.
- Trust(s) to formulate action plan based on recommendations in observation notes.
- Trust(s) manage their own actions and review on a regular basis. GIRFT support is available if required.

3.3 System-level Gateway Review Process (pre-review)

System-level GIRFT specialty meetings are becoming more common and are likely to increase as part of the GIRFT programme.

These are attended by all the trusts in the system, as well as other stakeholders such as ICB leads, other NHS England teams and professional bodies. These system-level meetings are often an opportunity to inform system-level reconfiguration or transformation of services. It is important that trusts are fully prepared for these events and ensure a good attendance.

Gateway reviews are undertaken on a system (ICS) level and are virtual.

- GIRFT contacts ICS trusts outlining the process. Relevant regional team is informed – in some cases they co-ordinate.
- Trusts/ICB/Regional Team contact GIRFT with preferred date for meeting.
- MS Teams invite sent to trusts GIRFT lead(s) for forwarding to ALL relevant colleagues, including ICB colleagues.
- Trusts to ensure questionnaires returned no later than 2 weeks before review (unless otherwise indicated). Delay may affect date of review.
- Presentation from each trust to be sent to GIRFT no later than one week before the review.
- Trust GIRFT Lead(s) download and circulate datapacks to invitees for review.
- GIRFT Central can track/ chase attendance if required.

3.4 Attendance

Trusts that have adopted the model set out in this document will send both their specialty-level team and their trust-level team. This will include senior executives, the core trust-level GIRFT team, associated multi-professional teams including allied health professionals, and the appropriate divisional clinical and management leadership colleagues.

Before the system-level event:

In preparation for a system-level event, the trust's GIRFT team will work with the specialty triumvirate to undertake a compressed version of the preparations made for a trust peer review, as set out in sections 3.1 and 3.2.

After the system-level event:

An annual meeting is arranged between the trust-level GIRFT team and the specialty triumvirate to:

- provide their response and reflections to the recommendations outlined at the event;
- present a RAG assessment of the trust's progress on time-specific actions, and identify actions that involve other stakeholders; and
- identify potential opportunities or challenges to the organisation from a system-level perspective.

3.5 System-level Gateway Review Process (on the day and post-review)

On the day:

- Trust GIRFT Lead(s) remind relevant colleagues about the review; recommend dialling in 10 minutes prior to review start.

Post-review:

- Review recording uploaded to FutureNHS. Trust GIRFT Leads download and make accessible for colleagues.
- Observation notes usually sent to trust(s) within two weeks of review. Trust to circulate to relevant colleagues (including ICS) and confirm accuracy.
- ICB to formulate action plan with trusts based on recommendations in observation notes report.
- It is recommended that trusts manage their own actions and review on a regular basis with ICB. GIRFT support is available, if required.

3.6 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.

- escalating any barriers that may be impeding the progress of action points;

- ensuring visibility of clinical improvement and financial impact to the Divisional or Care Group Leadership;
- informing trust-level strategic planning and executive collaborative working;
- sharing learning on themes that cut across different specialties; and
- engaging with wider safety and quality in the organisation.

Establishing an internal GIRFT Programme Board is another effective forum to provide collective oversight of key issues, response plans, reflective highlights from recent visits, trust led responses following publication of national reports by specialty, and other activities to ensure effective governance within an organisation. See page 15 in the Practical Guide which shows an example governance process implemented at a trust.

4. GIRFT Implementation at Calderdale and Huddersfield NHSFT

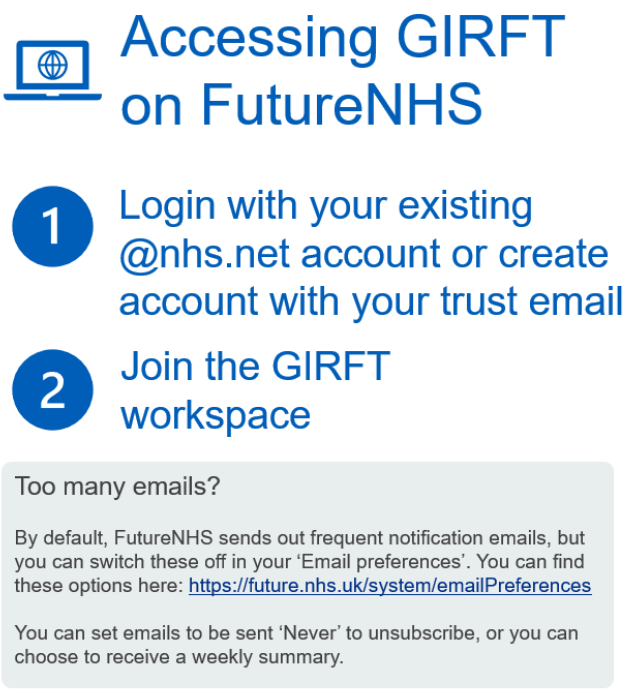
A series of short videos explaining how Calderdale and Huddersfield NHSFT implemented GIRFT are available here:

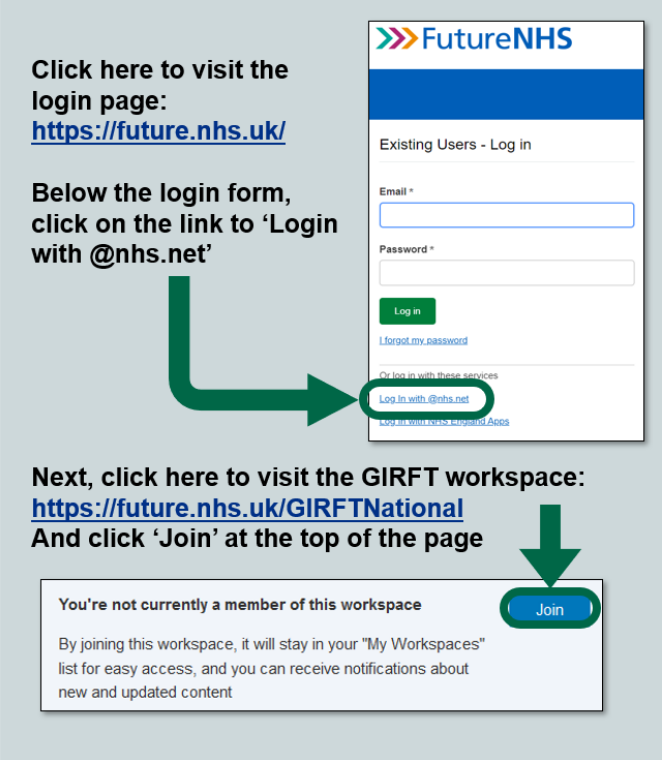
- Toolkit overview
- Clinical introduction and overview
- Creating a GIRFT central team and preparing for a peer review
- Pre-visit meet and peer review
- Post peer review action planning
- GIRFT national and regional reports

Please note that these were produced in 2021 so procedures and processes may well have changed.

5. FutureNHS

The GIRFT Clinical Review Unit has its own FutureNHS platform. There are seven regional workspaces. Within each of these workspaces are individual trust folders, a Gateway Reviews folder for Integrated Care Systems (ICSs) and trusts to access and a Networks and Collaboration folder for network-related reviews.





5.1 Access Permissions to your Trust Folder

Each trust can have a maximum of 10 colleagues with access to the information and data in their trust folder. It is the responsibility of the Trust's GIRFT Lead and/or the Medical Director to ensure that this list is kept up to date every few months as often job roles change, or colleagues leave the trust. If these colleagues still have access to your folder, then this would be a breach of data governance rules and would be a serious issue. We recommend setting a regular reminder to check that all the information is still correct. The GIRFT FutureNHS Team can provide a list of colleagues who have access and then the designated person at your trust can ensure this is accurate on a regular basis. You can email the team at england.futurenhs.girft@nhs.net

5.2 Pre-Peer Review/Gateway Review

The Trust's GIRFT Lead can download the relevant peer review data pack from the trust folder (within the *Trusts Data* folder – then *Deep Dive Data Packs*) and circulate this ONLY to relevant colleagues within the trust for that specific specialty. If the review is a hub/spoke network or other type of network, then the MDT packs will be found in the *Networks and Collaboration*

folder where there will be specialty folders. Due to data sharing rules, we are unable to email data packs directly to trusts. Trusts will be informed when data packs have been uploaded.

For gateway reviews, each Trust GIRFT Lead within the ICS will be able to download the relevant data pack from the *Gateway Reviews* folder – the folders are sorted by specialty once you have selected your ICS folder. The pack can then be circulated ONLY to the relevant colleagues. We can also circulate these data packs and attach them to meeting invites before the meeting as we have a disclaimer in the data pack. We hope to circulate/upload these no later than two weeks before the gateway review.

5.3 Post-Peer Review/Gateway Review

Once the peer review or gateway review has taken place, the video of the review will be uploaded to FutureNHS and be available to download within two or three days following. All GIRFT reviews are recorded, if virtual. Videos will be found in the *Deep Dive Observation Notes (under Trusts Data)*, *Networks and Collaboration*, or *Gateway Reviews* folder dependent on the type of review.

The observation notes following each review will be uploaded to the same folders as above. If there is a delay, the trusts will be informed.

The GIRFT Clinical Review Team will contact the relevant trusts to inform them when the files have been uploaded.

6. GIRFT Support

Support is available from the national GIRFT team who can offer resources and suggestions based on what has been done at the other trusts. Additionally, the GIRFT team can help with (but not limited to):

- Coaching support for operational managers
- Dedicated meetings with GIRFT National Clinical Leads with individuals or teams
- Further review of data